



# Community Health Worker (CHW) Medi-Cal Benefit Stakeholder Meeting

DHCS Benefits Division  
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# Agenda

Agenda Items		
1.	<b>Introductory Comments</b> (15 minutes)	DHCS Staff
2.	<b>Meeting Norms and Structure</b> (5 minutes)	DHCS Staff
3.	<b>CHW State Plan Amendment (SPA) Process and Requirements</b> (30 minutes)	DHCS Staff
4.	<b>Tentative Schedule</b> (5 minutes)	DHCS Staff
5.	<b>Clarifying Questions</b> (10 minutes)	DHCS Staff
6.	<p><b>Stakeholder Comments</b> (50 minutes)</p> <p>Please limit comments to those relevant to the development of the CHW benefit in Medi-Cal. You may choose to address:</p> <ul style="list-style-type: none"> <li>- How should CHW services be defined—which specific activities of a CHW should qualify as Medi-Cal billable?</li> <li>- What qualifications should a provider meet to provide CHW services?</li> <li>- Who can supervise a CHW and bill for services?</li> <li>- Should Community-Based Organizations be eligible providers, and what criteria should they meet?</li> <li>- Important use cases for CHWs in Medi-Cal</li> <li>- Other related concerns</li> </ul>	All
7.	<b>Wrap-up and Next Steps</b> (5 minutes)	DHCS Staff



# Overview

- Authorized pursuant to Budget Act of 2021.
- CHW services will be available in fee-for-service and managed care delivery systems.
- Effective January 1, 2022.
- Adding services requires a State Plan Amendment (SPA).



# Overview

- Adding CHW services under Medicaid “Preventive Services” category.
- Seeking to include services by practitioners who use other terms, including promotores and community health representatives, subject to federal approval.



# Preventive Services

- Federal Medicaid regulations<sup>1</sup> define preventive services as services recommended by a physician or other licensed practitioner within their scope of practice to—
  - Prevent disease, disability, and other health conditions or their progression
  - Prolong life, and
  - Promote physical and mental health and efficiency

(1) Title 42, Section 440.130(c), of the Code of Federal Regulations



# Preventive Services

- Preventive services<sup>2</sup>:
  - involve direct patient care; and
  - are for the express purpose of diagnosing, treating or preventing (or minimizing the adverse effects of) illness, injury or other impairments to an individual's physical or mental health.

(2) Section 4385 of the State Medicaid Manual



# Stakeholder Engagement

- Purpose
  1. To seek input for a SPA that identifies CHW services as a covered benefit, eligible for federal matching funds.
    - Full-scope Medi-Cal
    - Pregnancy-related services
  2. To seek input for updates to the Provider Manual, describing CHW services



# SPA requirements

For unlicensed providers of preventive services, the federal Centers for Medicare and Medicaid Services (CMS) requires that the State Plan:

1. Define the services
2. Define the service provider and their qualifications
3. Define supervision





# SPA requirements

## 1. Define the services:

The SPA must list the services to be provided to ensure services meet the definition of prevention in the federal State Medicaid Manual



# SPA requirements

## 2. Define service provider and qualifications:

- Identify the type(s) of non-licensed practitioners who may furnish services
- Include a summary of the provider's qualifications to furnish services, including "any required education, training, experience, credentialing, oversight, and/or registration"



# SPA requirements

## 3. Define supervision:

- CMS requires that unlicensed providers be supervised.
- Who can supervise a CHW and bill for CHW services?
  - Enrolled licensed provider
  - Unclear whether a Community-Based Organization can supervise and bill for services; DHCS is pursuing this option



# FFS Billing Under Enrolled Provider

- Under the supervision of an enrolled provider, services can be billed for using CPT codes 98960 – 98962: Education and training for patient self-management by non-physician health care professional for individuals and groups



# Other States

- Four other states have added CHWs through a SPA:
  - Preventive Services authority
    - South Dakota
  - Other Licensed Practitioners authority<sup>2</sup>
    - Minnesota
    - Indiana
    - Oregon

(2) Title 42, Section 440.60, of the Code of Federal Regulations



# Example: South Dakota SPA

- For individuals with –
  - a chronic condition or at risk of a chronic condition who are unable to self manage their condition, or
  - individuals with a documented barrier that affects their health
- Recommended by a physician, physician assistant, nurse practitioner, or nurse midwife
- Services are outlined in a care plan
- Covered services –
  - Health system navigation
  - Health promotion and coaching
  - Health education and training



# DHCS Considerations

- Allow CHWs to perform a range of appropriate preventive services
- Open to multiple paths to demonstrate qualifications
- Flexibility in supervision
- Develop the SPA to obtain CMS approval
- Develop additional details in the Provider Manual



# Identified SPA needs

- Description of CHW services
- Qualifications to provide CHW services
  - Education, training, experience, credentialing, supervision, oversight, and/or registration
- Potential supervisors





# Next Steps

- DHCS will release a stakeholder workgroup application
- A smaller, representative workgroup will be formed to facilitate discussion
- All of today's participants will be asked to share input as the SPA and policy are developed
- Next meeting mid-September



# Tentative Schedule

<b>August 18</b>	<b>Stakeholder meeting and solicitation for workgroup</b>
August 27	Deadline for submissions for workgroup
September 3	Stakeholders notified; deadline for stakeholder comments
<b>Mid-September</b>	<b>Stakeholder workgroup meeting</b>
September 24	SPA submitted to CMS for informal review
October 29	DHCS anticipates receiving CMS comments
<b>Early November</b>	<b>Stakeholder workgroup meeting</b>
November 8	DHCS prepares SPA for formal submission
November 19	DHCS plans to formally submit SPA to CMS
December-January	DHCS will publish CHW provider manual pages



# Clarifying Questions

(Will be moderated via chat)



# Stakeholder Comments

- How should CHW services be defined—which specific activities of a CHW should qualify as Medi-Cal billable under preventive services?



# Stakeholder Comments

- What qualifications should a provider meet to provide CHW services?
  - Summary of the provider’s qualifications to furnish services, including “any required education, training, experience, credentialing, oversight, and/or registration”



# Stakeholder Comments

- Who can supervise a CHW and bill for services?
  - Enrolled licensed provider
  - CBOs? If so, what criteria should they meet?



# Stakeholder Comments

- Are there any use cases we should be sure to capture, as we define CHW services?
- Other related comments?



# Stakeholder Comments

- How should CHW services be defined—which specific activities of a CHW should qualify as Medi-Cal billable?
- What qualifications should a provider meet to provide CHW services?
- Who can supervise a CHW and bill for services?
- Should Community-Based Organizations (CBOs) be eligible providers, and what criteria should they meet?
- Are there important use cases for CHWs in Medi-Cal?
- Other related concerns





# Contact Information

Written comments are welcome!

Benefits Division

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