



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

DHCS Benefits Division

Agenda Items		
1.	Welcome and Introductions (15 minutes)	DHCS Staff and Workgroup Participants
2.	Meeting Norms and Structure (5 minutes)	DHCS Staff
3.	CHW State Plan Amendment (SPA) Preventive Services and Qualifications (15 minutes)	DHCS Staff
4.	Clarifying Questions (5 minutes)	Workgroup Participants
5.	<p>Stakeholder Comments (70 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"> - What are the current industry standards for qualifications? - How should DHCS define qualifications in the State Plan? 	Workgroup Participant
6	Tentative Schedule (5 minutes)	DHCS Staff
7.	Wrap-up and Next Steps (5 minutes)	DHCS Staff



Background

- Effective January 1, 2022.
- Adding services requires a State Plan Amendment (SPA).
- Seeking to include services by practitioners who use other terms, including promotoras and community health representatives, subject to federal approval.
- DHCS proposes to add CHW services under “Preventive Services” in the State Plan.



DHCS Considerations

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



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



Today's discussion

- Defining **qualifications** for CHWs in the SPA
 - “any required education, training, experience, credentialing, supervision, oversight, and/or registration”



Preventive Services may allow CBOs to supervise CHWs

Other Licensed Practitioners (42 CFR 440.60)

- Practitioners must work under supervision of licensed provider
- Licensed supervisor bills for service
- Supervisor's scope of practice specifically allows them to supervise unlicensed provider
- Licensed supervisor is able to furnish service
- Supervisor assumes professional responsibility

Preventive Services (42 CFR 440.130(c))

- Practitioner must be supervised
- Enrolled supervisor bills for services
- Service must meet federal definition of preventive services
- Service must be recommended by a physician or licensed provider
- Service involves direct patient care
- Service must meet definition of preventive services
- State Plan must list provider's qualifications



Preventive Services

- Federal Medicaid regulations¹ 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 services²:
 - 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



Requirements from State Medicaid Manual

- Preventive in nature
- Medical or remedial in nature
- Directed at the patient rather than patient's environment
- Not entail additional payment for services that are part of a paid service
- Can include coordination with other programs for preventive care



Qualifications

- State Plan will need to provide CHW qualification to provide preventive services, including “any required education, training, experience, credentialing, supervision, oversight, and/or registration”
- SPAs from other states refer to their state’s statutory requirements for CHW qualifications in their SPA
- Qualifications are subject to federal approval



Clarifying Questions

(Will be moderated via chat)



Preview of Areas for Stakeholder Discussion

- What qualifications are currently the **industry standards** today?
- What are the **core competencies** that a CHW should possess?
- What are some options for **existing certification programs** as one option?
- What standards could be paired together to create **different pathways** to demonstrate qualifications?



Industry Standards

- What is the industry standard, or what does your organization use, for the following?
 - Years of experience
 - Hours of training
 - Education level



Core Competencies

CHW Core Consensus Project

Core CHW Skills	
Communication skills	Education and facilitation skills
Interpersonal & relationship building skills	Individual and community assessment skills
Service coordination and navigation skills	Professional skills and conduct
Capacity building skills	Outreach skills
Advocacy skills	Evaluation and research skills
Knowledge base	

Stakeholder reaction to this list?



Existing Certification Programs

- Pros and cons of listing which certification programs are accepted for qualifications?
- Pros and cons of listing core competencies for acceptable certificate programs?
- If a CHW does not have a certificate, should they be required earn a certificate within XX number of years?



Allowing Different Paths to Demonstrate Qualifications*

Possible combinations:

- Years of experience and certificate, or
- Education level and certificate, or
- Years of experience and XX hours of trainings
- Other combinations?

DHCS seeks meaningful requirements that will ensure high-quality services, without being unduly restrictive

** Subject to federal approval*



Next Steps

- DHCS will accept written feedback on competencies and qualifications from all stakeholders
- Responses will be due September 22
- DHCS plans to informally submit the SPA to CMS by September 29
- Next stakeholder meeting is November 3 to further discuss CHW services



Upcoming Schedule

September 17	Stakeholder workgroup meeting
September 17	Feedback form emailed to stakeholders
September 22	Stakeholder comments due
September 29	DHCS submit SPA to CMS for informal review
October 29	DHCS anticipates receiving CMS comments
November 3	Stakeholder workgroup meeting
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



Contact Information

Written comments are welcome!

Benefits Division

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<https://www.dhcs.ca.gov/community-health-workers>