

## GENERAL INFORMATION

### 1. Who can be a CHW?

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. 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.

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, as long as 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.

### 2. Can licensed professionals be a CHW?

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. In addition, a dentist, hygienist, or other licensed professional CANNOT function as a CHW on the same Date of Service (DOS) 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.

**3. Does the Department of Health Care Services (DHCS) have an established member eligibility criteria form (plan of care) for licensed providers to complete to demonstrate the member meets the eligibility requirements?**

No, DHCS does not have an established plan of care form. The plan of care is a written document that is developed by one or more licensed providers. A CHW may assist in developing a plan of care with the licensed provider.

**4. Please confirm that clinical guidelines will be developed for use in evaluating submitted plans of care.**

Clinical guidelines are not being developed. DHCS can take this into consideration. However, in the meantime please refer to Section 4 *Treating Members* of the [Provider Handbook](#).

**5. Please confirm that EPSDT would override these requirements for members under 21 years of age.**

Confirming yes.

## **BILLING, CLAIMS, & REIMBURSEMENT**

**6. Can individuals work under Local Oral Health Programs (LOHP) grant funds and bill for the CHW benefit?**

Some of the services provided through LOHP are similar to those offered by Dental CHWs, such as oral health screenings and oral health education. However, a licensed Medi-Cal Dental provider under LOHP delivering these services cannot also bill for the Dental CHW benefit. In the LOHP framework, these services are reimbursed through grant funds, not Medi-Cal Dental.

To bill for the Dental CHW benefit, an enrolled Medi-Cal provider must be a supervising provider. A supervising provider is responsible for submitting claims for services delivered by CHWs. Additionally, they must ensure that the CHW meets minimum qualifications and directly or indirectly oversees the CHW's work with Medi-Cal members.

As for CHWs, individuals who meet the required minimum qualifications can provide CHW services, either through the certificate pathway or the work

experience pathway, as detailed in the [\*\*Medi-Cal Provider Manual: Community Health Worker Preventive Services\*\*](#).

**7. Can Federally Qualified Health Centers (FQHCs) bill for CHW services?**

FQHCs cannot bill the fee-for-service (FFS) or prospective payment system (PPS) rate for CHW services. However, contracted FQHCs must be reimbursed by dental managed care (DMC) plans at a rate not less than that for other provider types. DMC Plans are required to reimburse contracted FQHCs similarly.

Pursuant to Welfare and Institutions Code (WIC) 14087.325(d)4, 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.

**8. Are there any considerations, processes, or flexibilities for Tribal FQHCs?**

Yes, there are additional considerations for FQHCs as it relates to CHW billing. Reimbursement for CHW services for Tribal Health Programs, including Tribal FQHCs, is at the FFS rate. If the member has regular Medi-Cal, then Medi-Cal will reimburse at the FFS rate. If the member has a Managed Care Plan (MCP) or a DMC plan, then the MCP or DMC plan will reimburse at the FFS rate. For reference, please see the [Tribal FQHC Provider Manual](#), [the CHW Provider Manual](#), and the [Dental Community Health Worker Services Benefit APL 24-005](#). In addition, please find CHW billing scenarios on slides 65-67 of the [Tribal and Indian Health Program Representatives Meeting](#) from May 22, 2023.

**9. Is DHCS saying providers will only bill with code D9994, if so, where will the group size be listed on the claim form?**

Correct, Medi-Cal Dental only has one code, D9994. Providers/CHWs are 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 in box 34 titled, Comments, on the claim form.

**10. Is there an opportunity to create specific codes to differentiate between the different levels? How would we know how many patients were seen if they are billing the same code?**

Medi-Cal Dental has one code only, D9994. On each claim, CHWs and/or providers must accurately 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.

**11. Can a CHW provide fluoride treatment?**

DHCS does not define parameters surrounding scope of practice and permitted duties. These questions should be addressed by the California Dental Board and the Dental Hygiene Board of California.

**12. Does this type of billing apply to settings such as providing oral health education services in health fairs and in skilled nursing facilities?**

Yes, there is no place of service restrictions for CHW services.

**13. Can a RDHAP provide services in schools and community-based settings, and submit a claim form if they are a Medi-Cal provider?**

Any individual who meets the required CHW qualifications, including an RDHAP, may provide CHW services. Please note, the supervising provider and the CHW must be two separate individuals. In addition, a dentist, hygienist, or other licensed professional CANNOT function as a CHW on the same DOS they are providing dental or hygiene services.

**14. Are Medi-Cal dentists/RDHAPs eligible to bill in Local Educational Agency-Medi-Cal Billing Option Program (LEA-BOP)?**

No. Medi-Cal dentists/RDHAPs are not eligible to bill in LEA-BOP. Dentists and RDHAPs are not qualified rendering providers employed under LEAs, therefore they cannot render or bill for services under the LEA-BOP.

**15. Can CHWs bill independently for the services they provide?**

No. Since CHWs do not enroll with DHCS, claims for their services must be submitted by an enrolled supervising provider to either the Medi-Cal member's dental managed care plan if the Medi-Cal member is in dental managed care or to DHCS if the member has fee-for-service Medi-Cal.

**16. How can we refer to CHWs if we don't have them on staff? Will there be a directory?**

Currently, DHCS does not have a formalized process or directory to assist providers in locating CHWs.

However, you may want to explore your local high schools, local colleges, Regional Occupational Programs (ROP), and other community resources, such as educational agencies. Please note that currently, there are no CHW training programs offered through DHCS.

DHCS recognizes the importance of connecting providers with qualified CHWs and acknowledges the need for such resources. The department is actively exploring solutions to address this need and will provide updates as progress is made.

**17. Can CHWs provide oral hygiene instruction to caregivers of patients with special needs? Will these services be reimbursed?**

Yes, CHWs can provide oral hygiene instructions to caregivers of members with special health care needs. These CHW services will be reimbursed per the Manual of Criteria (MOC) and Schedule of Maximum Allowances (SMA).

**18. Is there a limitation on billing CDT D9994 on the same date as another dental procedure?**

No, there is no limit.

**19. If a dentist becomes a CHW and performs an exam and provide services as both professions, can they bill as a dentist and bill separately as a CHW?**

A dentist, hygienist, or other licensed professional CANNOT function as a CHW on the same DOS they are providing dental or hygiene services. For instance, if a dentist or other licensed professional is doing an exam and placing fillings, they are not allowed to provide CHW services on the same day.

Please note, the supervising provider and the CHW must be two separate individuals.

**20. Please confirm that there are no TARs for services under 4 units per member per day or under the maximum allowable under 12. Would TARs be required for requests that exceed one or both of these limits?**

A Treatment Authorization Request (TAR) is only required when a member will exceed 12 units per year. In this situation, the provider must submit a TAR along with documentation supporting the medical necessity and a plan of care.

**21. Is supporting documentation still necessary when billing more than the daily maximum of 4 units but less than the yearly maximum of 12 units?**

Yes, documentation supporting the medical necessity for those additional unit(s) must be submitted for payment.

**22. Please consider unique CDT codes corresponding to units/members/reimbursement rate, to allow for efficient claims processing.**

Thank you for the feedback. DHCS understands the importance of ensuring efficient claims processing.

**23. Are DMCs required to follow the reimbursement structure and associated fee amounts outlined in the Dental Community Health Worker Services Benefit APL 24-005?**

Reimbursement for CHW services is defined by the terms outlined in the contract between the DMC plans and their providers, but for Tribal FQHCs, the rates cannot be less than FFS rates.

## **SUPERVISION OF CHWS**

**24. Why are Community-Based Organizations (CBOs) excluded from being supervising providers for CHW services within dental?**

CBOs are covered under MCPs, and Medi-Cal Dental does not currently provide reimbursement to CBOs. Any CHWs providing services under CBO's would bill through Medical.

**25. CHW workers are allowed to conduct outreach and resources, do DMC plans need a Business Associate Agreement? (BAA) to share member demographic information for Outreach?**

DHCS recommends DMC Plans consult with your legal team to verify the requirement of whether a BAA is required with CHWs. Additionally, a BAA with DHCS would not be required for DMC Plans, as CHWs are considered part of the DMC Plan's provider network.

**26. Please clarify the role and responsibility of DMC plans in ensuring certification and eligibility of CHWs to render services in the market.**

DMC Plans must develop and submit Policy 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 Plan's ability to receive referrals from licensed dentists and hygienists for CHW benefits.
- 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 Plan's capability to comply with all reporting and oversight requirements.
- DMC Plan's monitoring processes for fraud, waste, and/or abuse of CHW services.
- DMC Plan's process for monitoring recent history of criminal activity of supervising providers.
- DMC Plan's process for monitoring history of liability claims against the supervising provider.

**27. The APL 24-005 states “Documentation shall be accessible to the supervising provider upon request of the supervising provider.” Please clarify what documentation is required to be maintained and who is responsible for providing it?**

A record must be present in the member's chart and accurately reflect the duration of time, and the nature of services rendered. The CHW or the organization employing the CHW is responsible for providing the documentation to the supervising provider. This documentation is required for billing and reporting purposes.

## **CHW CERTIFICATION/TRAINING**

**28. Is there a CHW certificate program offered by DHCS?**

DHCS does not offer a CHW certificate program and does not require CHWs to have a state-approved certificate to practice or be employed in California.

**29. We participated in a Dental Transformation Initiative (DTI) Local Dental Pilot Project (LDPP) and created a certification course at the local junior college for community dental health workers (CDHWs). Does this satisfy the certification requirement? Can we find other CDHW certification course providers on the DHCS website?**

No, the certification course at the local junior college for CDHWs will not satisfy the certification requirement.

Under current Medi-Cal Dental policy, the supervising provider is solely responsible for determining if the certificate of completion fulfills all Medi-Cal CHW policy requirements, including that the curricula for the CHW certificate of completion attests to demonstrated skills and/or practical training in certain core competencies, as well as field experience, as outlined in the Medi-Cal Dental Provider Manual: Community Health Worker Preventive Services.

**30. Would a dentist be automatically considered as a CHW? If not, what training is required for a dentist to become a CHW?**

No, a dentist would not be automatically considered as a CHW. 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. In addition, a dentist, hygienist, or other licensed professional CANNOT function as a CHW on the same DOS 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.

All individuals must meet minimum qualifications to become a CHW, as outlined in the Medi-Cal Dental Provider Handbook. 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:
  - a) **CHW Certificate:** A certificate of completion with a curricula 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 determinants of health, as determined by the supervising provider. Certificate programs shall 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.

- b) **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 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 Medi-Cal member.

### **31. How can someone get training to become a CHW? Is it online or in-person?**

Training can be done as long as the curricula attests to demonstrated skills and/or practical training in specified areas as mentioned in question #31. Medi-Cal requires field experience as part of the training, which would require in-person attendance.

**32. Where is the form that is completed for work experience and where do you submit it?**

A form is not required when choosing to demonstrate qualifications through the work experience pathway. The supervising provider is solely responsible for determining if the individual's work experience fulfills all Medi-Cal Dental CHW policy requirements, including the requirements for the work experience pathway.

**33. CHW workers are allowed to serve as cultural liaisons, is there any certificates/training requirements to establish that they are proficient in the language?**

No, there are no certificate/training requirements to establish language proficiency.

## **ADDITIONAL QUESTIONS/COMMENTS**

**34. Are there any Proposition 56 or CalAIM payments included in the D9994 reimbursement amounts DHCS provided?**

There are no Prop. 56 or CalAIM payments included for D9994.