

Community Health Worker (CHW) Technical Assistance (TA) Webinar

Thank you for joining!



All attendees have been placed on mute and will not be able to unmute themselves.



To ask a question throughout the presentations, please send to **everyone** through chat.



Once each presenter is done, we ask that you utilize the 'raise your hand' function to ask questions. The host will unmute you.



At the end of each the webinar, we will have time for additional questions.

Agenda

Topics	Presenters
» Introductions	Managed Care Quality and Monitoring Division (MCQMD), Benefits Division (BD), Provider Enrollment Division (PED), Quality Population Health Management (QPHM)
» Medi-Cal 101 <ul style="list-style-type: none">• Fee-For-Service (FFS)• Managed Care<ul style="list-style-type: none">▪ Contracting	BD MCQMD Managed Care Plan (MCP) - Health Net
» CHW Benefit Overview: Roles and Responsibilities for CHWs and CHW Supervising Providers	BD
» Intersection of CHW, Enhanced Care Management (ECM), and Population Health Management	QPHM
» Provider Enrollment: Community-Based Organization (CBO) and Local Health Jurisdiction (LHJ) Enrollment Pathway	PED
» Questions	MCQMD, BD, PED, and QPHM

Medi-Cal 101 – FFS

Medi-Cal benefits are the same in FFS and managed care delivery systems.

DHCS pays providers for each service rendered instead of paying MCPs a capitated monthly amount for each Medi-Cal member.

Starting 2024, only one percent of Medi-Cal members are enrolled in FFS.

Medi-Cal 101 – Managed Care

- » Under managed care, DHCS contracts with MCPs and pays a fixed amount each month per member enrolled in the plan, this is known as the capitated rate. The MCP is then responsible for providing all Medi-Cal services included under the contract.
- » MCPs are required to maintain an adequate Medi-Cal provider network to ensure that each member has a primary care physician and must report on quality and access measures.
- » MCPs contract with providers to provide CHW services, this process may vary slightly across MCPs.

Medi-Cal 101: Contracting for CHW Services – Health Net

- » The purpose of the CHW review process is to assess Supervising Providers/CBOs that are qualified to serve as a CHW Provider and fulfill all CHW Provider requirements, as outlined by DHCS.
- » Review and Contracting Process:



Medi-Cal 101: MCP Contracting Process Overview – Health Net

- » Supervising Providers/CBOs will need to submit an interest email to CalAIM_Providers@healthnet.com and include the name of organization, contract information, and a brief description of the interest in contracting.
- » Health Net's Contracting Team will respond and provide the Participation Application. Once the application is complete, it will be submitted to the email box indicated above.
- » Initiation of the application review process:
 - Health Net's Contracting Team will confirm Medi-Cal enrollment when a state-level-enrollment pathway is available. If there is no enrollment pathway, the vetting process will be followed;
 - Capacity and readiness;
 - Ability to meet service delivery criteria;
 - Ability to comply with program requirements and reporting requirements; and
 - Ability to bill or invoice

Medi-Cal 101: MCP Contracting Process Overview – Health Net

- » The application review process (continued):
 - Once the determination to proceed with the contract is made, the contract will be emailed to the Provider for their review and signature.
 - The Provider will return the signed contract to CalAIM_Providers@healthnet.com for full execution.
 - A copy of the fully executed contract is emailed to the Provider.
 - A Point of Contact is assigned to every CHW Provider for ongoing support as needed.
- » CalAIM Resources Link - [CalAIM Resources for Providers | Health Net](#)

CHW Benefit Overview



Jim Elliott and Erica Holmes

Benefits Division, DHCS

CHW Benefit Overview

- » Available as a Medi-Cal benefit as of July 1, 2022.
- » Available in FFS and managed care delivery systems.
- » CHWs include Promotores, Community Health Representatives, navigators, and other non-licensed public health workers, including Violence Prevention Professionals.
- » CHWs are trusted members of their community who help address chronic conditions, preventive health care needs, and health-related social needs.

The Medi-Cal CHW Benefit and Population Health Management Policy

David Tian and Erica Flores-Santoyo

Clinical Population Health Care
Management Branch

Division of Population Health
Management, DHCS



David (he/him)

Doctor in Population Health
Care Management Team



Erica (she/her)

Analyst in the Enhanced
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Introduction: CHW Benefit vs. CHW Services

- » CHWs are key members of many teams and provide **services** in many different settings
- » Our presentation today is focused on how the **Medi-Cal CHW Benefit** might be used to improve health in priority areas of the DHCS Population Health Management Program.
- » CHWs may provide services as part of other benefits such as **Enhanced Care Management (ECM)**. When this happens, CHW services are paid for as part of ECM—not the standalone Medi-Cal CHW Benefit.

All Services Provided by CHWs in the Community to Medi-Cal Members*

CHW Services billed to the Medi-Cal CHW Benefit

Example: CHW Services within ECM

**Not to scale. DHCS anticipates that the number of members eligible for CHW services will be much greater than the number of members eligible for ECM.*

Goals for Today

- » Introduce how the Department's Population Health Management team thinks about the Medi-Cal CHW benefit and how it can help our communities.
- » Discuss some promising areas for the CHW benefit to improve Medi-Cal members' health in Population Health Management Program priority areas.

The Power of CHWs is Broad!

- » 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 and well-being.
- CHW services may assist with a variety of concerns, including but not limited to, the **control and prevention of chronic conditions or infectious diseases, behavioral health conditions, and need for preventive services.**
 - CHW services can help Members receive appropriate services related to **perinatal care, preventive care, sexual and reproductive health, environmental and climate-sensitive health issues, oral health, aging, injury, and domestic violence and other violence prevention services.**

Map: Some Potential Areas for CHW Benefit Implementation in DHCS Population Health Management Priorities

- [DHCS Bold Goals](#)
- Shared MCP-LHJ (Public Health Department) Goals
- Primary care engagement
- Preventive care gaps
- Chronic disease management
- Transitional care services
- Behavioral health linkage

Conceptual Model: CHW Benefit Implementation

CHW Benefit Implementation Design by MCP

- Member needs identification
- Identifying priority needs that can be met well with CHW services
- Network development with CBOs

Member Identification

- Community-based linkages (referrals)
- Data-based approaches by the health insurance plan

CHW Benefit Implementation

- Meeting member needs with CHW services
- Improving health outcomes across the entire community

Given the many possible ways (last slides) to implement the CHW benefit, **MCPs can work with their communities to understand what needs can be addressed by CHWs and then contract with CBOs that provide CHW services.**

DHCS will continue to monitor how the CHW benefit is used, or **utilization**, by Medi-Cal health insurance plans. We will look at the number of Medi-Cal members who receive the benefit and the number of services received by members.

Preview: Discussion Questions and Survey

Today's Discussion

What, if any, of the **DHCS Population Health priority areas** are promising ways to provide services using the current CHW benefit?

What is **another promising use case** for the current CHW benefit?

Discussion: Most Promising Use Cases for CHW Benefit

Please **use this online survey (can scan QR code)** to open a survey to vote on up to **3 promising ways** in which the current CHW benefit could be implemented and utilized in DHCS Population Health Priority areas.

<https://forms.office.com/g/kPqKiwkvHC> ¡Disponible en español!



🌐 Español (España, alfab... ▼

What, if any, of these **DHCS Population Health priority areas** are promising ways to provide services using through the CHW benefit?

- DHCS's Bold Goals
- Shared goals from partnerships between Medi-Cal insurance plans and local health departments
- Increasing use of primary care
- Increasing use of preventive care (such as breast and colon cancer screening)
- Chronic disease management
- Transitional care services after leaving the hospital or a skilled nursing facility
- Connecting to behavioral health care (such as for mental health or addiction)

What is **another promising use case** for the current CHW benefit?

- » We welcome additional feedback submitted with the subject line "Feedback on CHW Benefit" to PHMSection@dhcs.ca.gov.



Provider Enrollment: CBO and LHJ Enrollment Pathway



Jenny Tudesko
Provider Enrollment Division (PED), DHCS

Provider Enrollment: CBO and LHJ Enrollment Pathway

- » On January 8, 2024, DHCS added CBOs and LHJs as new provider types for CHW and Asthma Preventive Services (APS)
 - Pathway success: Approximately 32 CBOs and one LHJ are enrolled. Once enrolled, CBOs and LHJs can bill DHCS directly for CHW and APS provided to Medi-Cal FFS members
 - MCPs can contract with enrolled CBOs or LHJs to provide CHW or APS to Medi-Cal managed care members. Please note that this is a separate process that is completed directly with the plan.
 - Enrollment as a FFS Medi-Cal provider is completed by submitting an enrollment application to the PED using the Provider Application and Validation Enrollment (PAVE) online enrollment system.

Provider Enrollment: CBO and LHJ

Enrollment Pathway

- » Each person that needs access to the application must complete the sign-up process and each person must use their own unique username and password when accessing PAVE.
- » For example, if two people will be working together to create the application and a third person is the authorized signer, each person will create their own username and password. All three users will be able to access the same application.

Provider Enrollment: CBO and LHJ

Enrollment Pathway

- » The organization enrolling must be organized as a 501(c)(3) entity or be a non-profit organization that is a sponsored entity of a 501(c)(3).
- » The organization must have at least one administrative location in California. The administrative location will be reported in the application. The address of a private residence or P.O. Box may not be used.
- » The organization must obtain general liability insurance for the location as well as workers' compensation insurance (if applicable), and a business license.
- » The organization must have at least one CHW or APS individual.

Provider Enrollment: CBO and LHJ Enrollment Pathway

- » Non-profit organizations are not exempt from disclosure requirements.
- » Non-profit organizations must report all persons who meet the definition of agent or managing employee. All officers and all board members must also be reported. This includes part-time or volunteer board members and officers.
- » All disclosed persons must provide all required information including residence address, social security number, and date of birth.

Provider Enrollment: CBO and LHJ

Enrollment Pathway

- » Complete and submit your application using PAVE.
- » Applications are reviewed in the order received. PED is required to review your application within 180 days (but generally reviews more quickly.)
- » If the application is incomplete, it will be returned to you. You must log into PAVE and make all necessary changes and resubmit the application within 60 days to continue processing.
- » Most common reasons for applications to be returned include failing to report at least one CHW or APS worker, failure to report all board members and managing employees, and failure to be organized as a non-profit organization.

Provider Enrollment: CBO and LHJ Enrollment Pathway

- » For complete requirements please see the Provider Bulletin: [Community-Based Organizations and Local Health Jurisdictions Enrollment](#)
- » Additional information on the enrollment process and on completing the application in PAVE may be found at these links:
 - [CBO-LHJ-Application-Information](#)
 - [CBO-LHJ Slide Deck 5-20-24 \(ca.gov\)](#)
- » For technical assistance with the PAVE system, please direct questions to the PAVE Help Desk at (866) 252-1949.

Questions?