

Community Health Worker Medi-Cal Reimbursement

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CRIHB

The California Rural Indian Health Board, Inc.

Agenda

1. Program Coverage
2. Community Health Worker (CHW) Qualifications and Beneficiary Eligibility
3. Covered and Non-Covered Services
4. Documentation Requirements
5. Plan of Care
6. Claim Submission

CHW Services Approved

- The Department of Health Care Services (DHCS) added Community Health Worker (CHW) services as a Medi-Cal benefit starting July 1, 2022.
- CHW preventive services are reimbursable at a fee-for-service rate when rendered by Tribal Federally Qualified Health Center (TFQHC) and IHS-Memorandum of Agreement (MOA) providers.

Program Coverage

Medi-Cal covers CHW services, pursuant to 42 CFR Section 440.130(c), as preventive services and on the *written recommendation of a physician or other licensed practitioner of the healing arts* within their scope of practice under state law.

Definitions

- 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.
- The plan of care is 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 beneficiary.

Definitions

- The supervising provider is an enrolled Medi-Cal provider who submits claims for services provided by CHWs.
- CHW violence preventive services are evidence-based, trauma-informed, and culturally responsive preventive services provided by a qualified individual.

CHW Qualifications

- ▶ CHWs are trusted members of their community who help address chronic conditions, preventive health care needs, and health-related social needs within their communities.
- ▶ Life experience aligning connection between CHW and community being served.

CHW Qualifications

- Certificate Pathway
- CHW Certificate
- Violence Prevention Certificate
- Work Experience Pathway

Certificate Pathway

CHW Certificate

- Issued by state of California or state designee (like CRIHB)
- Attests demonstrated skills and practical training
- All covered CHW services

Violence Prevention Certificate

- Violence prevention services only
- Violence Prevention Professional (VPP)

Work Experience Pathway



2,000 hours paid or volunteer previous three years



Demonstrated skills and practical training



Must earn certificate within 18 months

CHW Qualifications



SIX HOURS OF ADDITIONAL
TRAINING ANNUALLY



MAINTAIN EVIDENCE OF THE
CONTINUING EDUCATION



ADDITIONAL TRAINING –
SUPERVISING PROVIDER

Covered Services

Health Education

- Promote health, address barriers
- Recognized health care standards
- Coaching
- Goal-setting

Covered Services

Health Navigation - Information, Training, & Referrals:

- Access health care
- Navigate health care system
- Engage in care
- Connect to community resources

Covered Services

Health Navigation:

- ▶ Cultural liaison or assist a licensed health care provider to create a plan of care, as part of a health care team
- ▶ Assist with plan of care
- ▶ Outreach and resource coordination to use appropriate preventive services
- ▶ Enroll/maintain enrollment in government or other assistance programs that are related to improving their health

Covered Services

- Screening and assessment, to assist beneficiary to appropriate services to improve their health
- Individual support or advocacy to prevent onset or exacerbation of a health condition
- Violence prevention includes all CHW services

Asthma Preventive Services

- ▶ Evidence-based asthma self-management
- ▶ Asthma trigger assessments
- ▶ Certification

Non-Covered Services

- Clinical case management/care management that requires a license
- Childcare
- Chore services, including shopping and cooking meals
- Companion services
- Employment services
- Helping a beneficiary enroll in government or other assistance programs that are not related to improving their health as part of a plan of care

Non-Covered Services

- Delivery of medication, medical equipment, or medical supply
- Personal Care services/homemaker services
- Respite care
- Services that duplicate another covered Medi-Cal service already being provided to a beneficiary

Non-Covered Services

- Socialization
- Transporting beneficiaries
- Services provided to individuals not enrolled in Medi-Cal
- Services that require a license

Beneficiary Eligibility Criteria

- One or more chronic health conditions
- Medical risk factors for chronic disease
- Positive ACE screening
- Social risk factors

Beneficiary Eligibility Criteria

Unmet health-related social needs

Emergency department visit- previous six months

Inpatient stay- previous six months

Detox facility- previous year

Beneficiary Eligibility Criteria

Missed medical appointments- (2) previous
six months

Beneficiary request

Preventive services

Beneficiary Eligibility Criteria

CHW Violence Preventive Services:

- Injured- community violence
- Risk for injury
- Exposure to community violence

Beneficiary Eligibility Criteria

- Services may be provided to a parent or legal guardian of a Medi-Cal beneficiary under the age of 21 for the direct benefit of the beneficiary, in accordance with a recommendation from a licensed provider.
- A service for the direct benefit of the beneficiary must be billed under the beneficiary's Medi-Cal ID.
- If the parent or legal guardian of the beneficiary is not enrolled in Medi-Cal, the beneficiary must be present during the session.

Documentation Requirements

- Written recommendation by a physician or other licensed practitioner of the healing arts:

Physician Assistants

Nurse Practitioners

Midwives

Psychologists

Dentists

RNs

MFTs

LVNs

PHNs

CSWs

Pharmacists

Documentation Requirements

Date and time/duration of services

Nature of service to support duration

- Example: Discussed the patient's challenges accessing healthy food and options to improve the situation for 15 minutes. Assisted with SNAP application for 30 minutes. Referred patient to XYZ food pantry

Accessible to supervising provider

Plan of Care

- Encouraged for multiple/ongoing services
- Required after 12 units/year
- Developed by one or more licensed providers
- Not exceed one year

Plan of Care

Specify condition



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graph TD; A[Specify condition] --> B[List of health care professionals]; B --> C[Written objectives]; C --> D[Specific services]; D --> E[Frequency and duration];
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The diagram illustrates the components of a Plan of Care as a vertical sequence of five rectangular boxes. Each box is slightly offset to the left and contains a specific component. The boxes are color-coded in a gradient from orange at the top to grey at the bottom. Downward-pointing arrows connect each box to the one below it, indicating a sequential process. The background features a subtle geometric pattern of overlapping triangles.

List of health care professionals

Written objectives

Specific services

Frequency and duration

Plan of Care

- Review every six months
- Determine progress
- Significant change
 - Amending plan
 - Discontinuing services

Supervising Provider



Enrolled in Medi-cal



Ensures qualifications are met



Licensed provider, clinic, hospital, or community based organization



Does not need to be physically present

Claims Submission

- No place of service restriction
- Billed under supervising provider
- Maximum frequency
 - Four units (two hours) daily
 - Additional units- Treatment Authorization Request (TAR)

Claim Submission

- Tribal clinics may bill the MCP for CHW services at the Fee-for-Service rates using the CPT codes as outlined in the Provider Manual (ALL PLAN LETTER 22-016)
- 837P
- CMS 1500

Billing Codes

CPT Code	Description	Length	Number of Patients	Rate
98960	Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; individual patient	30 minutes	1	\$26.66
98961	Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; 2-4 patients	30 minutes	2-4	\$12.66
98962	Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; 5-8 patients	30 minutes	5-8	\$9.46

Billing Codes

Modifiers	Description
U2	Used to denote services rendered by Community Health workers
U3	Used to denote services rendered by Asthma Preventive Service providers

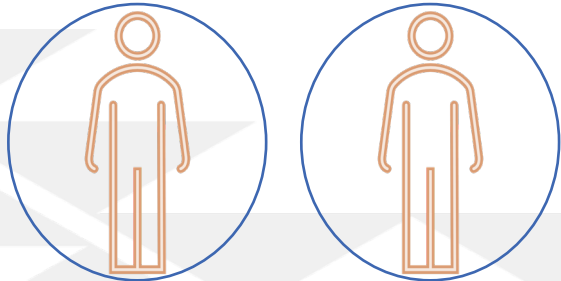
- Have you billed for CHW services?
 - What payer?
 - Any issues?
 - Reimbursement?
- Have any of your staff become certified CHWs?
 - What program?

CHW Billing Scenarios



Scenario 1: The health care professional provides CHW services for 1 patient in a day and sees the patient for the maximum 2 hours (4 units).

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



Scenario 2: The health care professional provides CHW services for 2 patients in the same location for different purposes/diagnoses* and sees each patient for 1 hour (2 units). The provider is reimbursed for each patient at \$53.52 (\$26.66x 2 units) for each patient.

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

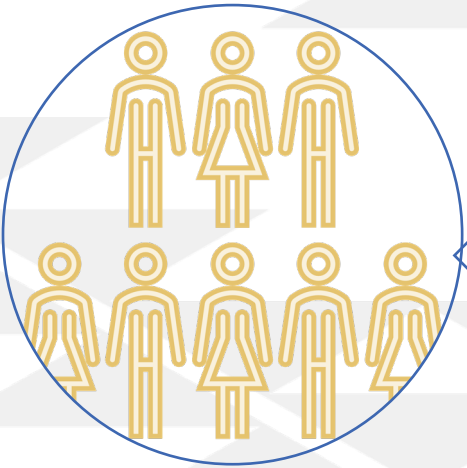
* Both patients must have a written recommendation by a physician or other licensed practitioner of the healing arts within their scope of practice under state laws.

CHW Billing Scenarios (Continued)



Scenario 3: The health care professional provides CHW services for 3 patients in a day and sees each patient for the maximum 2 hours each (4 units). The provider is reimbursed for each patient at \$50.64 (12.66×4 units).

The total reimbursement for 3 patients in that day comes out to \$151.92



Scenario 4: The health care professional provides CHW services for 8 patients in a day and sees each patient for the maximum 2 hours each (4 units). The provider is reimbursed for each patient at \$37.84 (9.46×4 units).

The total reimbursement for 8 patients in that day comes out to \$302.72

Resources

- <https://www.dhcs.ca.gov/formsandpubs/laws/Documents/SPA-22-0001-Approval.pdf>
- <https://www.dhcs.ca.gov/services/medi-cal/Documents/CHW-Stakeholder-PowerPoint-02-04-2022.pdf>
- <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2022/APL22-016.pdf>
- [http://www.partnershiphp.org/Providers/Policies/Documents/Care%20Coordination/Care%20Coordination%20Attachments/MCCP2033%20Community%20Health%20Worker%20\(CHW\)%20Services%20Benefit.pdf#search=chw](http://www.partnershiphp.org/Providers/Policies/Documents/Care%20Coordination/Care%20Coordination%20Attachments/MCCP2033%20Community%20Health%20Worker%20(CHW)%20Services%20Benefit.pdf#search=chw)
- https://mcweb.apps.prn.cammiis.medi-cal.ca.gov/assets/03BBA223-8762-4A94-A268-209510E15E37/chwprev.pdf?access_token=6UyVkRRfByXTZEWIh8j8QaYyIPyP5ULO
- https://mcweb.apps.prn.cammiis.medi-cal.ca.gov/assets/CFE83BF5-DB70-4795-80A7-FC6A4FBDC4BE/workbook_tribal.pdf?access_token=6UyVkRRfByXTZEWIh8j8QaYyIPyP5ULO
- <https://www.dhcs.ca.gov/services/medi-cal/Documents/CHW-FAQs-FQHC-RHC-IHS.pdf>

Thank You!

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