

Frequently Asked Questions about Community Health Workers

1. Who are Community Health Workers?

As described in [All Plan Letter 22-016](#), Community Health Workers (CHW) are non-licensed individuals, including violence prevention professionals, who may share a lived experience with the Blue Shield of California Promise Health Plan (Blue Shield Promise) member. A shared experience includes, but is not limited to, 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 a shared race, ethnicity, sexual orientation, gender identity, language, or cultural background.

2. What is a Supervising Provider?

The Supervising Provider is an enrolled Medi-Cal provider who submits claims for services provided by CHWs. The Supervising Provider ensures a CHW meets the qualifications listed in this document and directly or indirectly oversees a CHW and the services delivered to Medi-Cal beneficiaries. The Supervising Provider can be a licensed provider, a hospital, an outpatient clinic, a local health jurisdiction (LHJ), or a community-based organization (CBO). CHWs may be supervised by a CBO or LHJ that does not have a licensed provider on staff. The Supervising Provider does not need to be the same entity as the provider who made the referral for CHW services and does not need to be physically present at the location(s) where CHWs provide services to members.

3. What are the qualifications for CHWs?

CHWs must have lived experience that aligns with and provides a connection between the CHW and the member/population being served. CHWs must demonstrate, and Supervising Providers must maintain evidence of, minimum qualifications through one of the following pathways:

- **Certificate Pathway:** CHWs demonstrating qualifications through the Certificate Pathway must provide proof of completion of at least one of the following certificates:
 - CHW Certificate – Certificate programs must also include field experience as a requirement.
 - Violence Prevention Professional Certificate – A Violence Prevention Professional (VPP) Certificate issued by Health Alliance for Violence Intervention allows a CHW to provide CHW violence prevention services only.
- **Work Experience Pathway:** An individual who has at least 2,000 hours working as a CHW in paid or volunteer positions within the previous three years. A CHW without a certificate of completion must earn a certificate of completion, as described in APL 22-016, within 18 months of the first CHW visit provided to a member.
- CHWs must complete a minimum of six hours of additional relevant training annually and the Supervising Provider may provide and/or require additional training.

4. What are the member eligibility criteria for CHW services?

The recommending provider must determine whether a member meets the eligibility criteria for CHW services based on the presence of one or more of the following:

- One or more chronic health conditions (including behavioral health or substance use disorder)
- Medical indicators for increased risk of chronic disease (e.g., elevated blood pressure, elevated blood glucose, etc.)
- Any stressful life event presented via the Adverse Childhood Events screening
- Presence of known risk factors, including domestic or intimate partner violence, tobacco use, excessive alcohol use, and/or drug misuse
- SDOH screening indicates unmet health-related social needs, such as housing or food insecurity
- One or more visits to a hospital emergency department (ED) within the previous six months
- One or more hospital inpatient stays, including stays at a psychiatric facility, within the previous six months, or being at risk of institutionalization
- One or more stays at a detox facility within the previous year
- Two or more missed medical appointments within the previous six months
- Member expressed need for support in health system navigation or resource coordination services
- Need for recommended preventive services, including updated immunizations, annual dental visits, and well childcare visits for children

CHW violence prevention services are available to members who meet any of the following circumstances as determined by a licensed practitioner:

- The member has been violently injured because of community violence.
- The member is at significant risk of experiencing violent injury because of community violence.
- The member has experienced chronic exposure to community violence.

5. What CHW services are covered by Medi-Cal?

Covered CHW services are preventative services that support a member's health, including chronic conditions, and that address barriers to the member receiving physical and mental healthcare. CHW services include health education, health navigation, screening and assessment, and individual support or advocacy. Under health navigation, CHWs can serve as a cultural liaison, perform outreach and resource coordination to encourage the use of preventative services, and help a member enroll or maintain enrollment in government or other assistance programs that contribute to improving their health.

Asthma Preventive Services (APS)

CHWs may provide CHW services to individuals with asthma, but evidence-based asthma self-management education and asthma trigger assessments may only be provided by asthma preventive service providers who have completed either a certificate from the California Department of Public Health Asthma Management Academy, or a certificate demonstrating completion of a training

program consistent with the guidelines of the National Institutes of Health's Guidelines for the Diagnosis and Management of Asthma.

For more information, refer to the CHW and Asthma Preventive Services (APS) section of the Blue Shield Promise Provider Manual.

6. Can CHW services be provided to members under age 21?

Yes, CHW services may be provided to a parent or legal guardian of a member under age 21 for the direct benefit of the member, following a recommendation from a licensed provider. Services provided to a parent or legal guardian for the direct benefit of the member must be billed under the member's Medi-Cal ID.

7. What services are CHWs not covered to perform?

- Clinical case management/care management that requires a license
- Child care
- Chore services, including shopping and cooking meals
- Companion services
- Employment services
- Helping a member enroll in government or other assistance programs that are not related to improving their health as part of a plan of care
- 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 member
- Socialization
- Coordinating and assisting with transportation
- Services provided to individuals not enrolled in Medi-Cal, except as noted above
- Services that require a license
- Peer support services (as covered under the Drug Medi-Cal, Drug Medi-Cal Organized Delivery System, and Specialty Mental Health Services programs)

8. How are members identified as candidates for CHW services?

In addition to recommending providers identifying a member's need for CHW services, Blue Shield Promise must also utilize data-driven approaches to determine and understand priority populations eligible for CHW services including, but not limited to:

- Past and current member utilization/encounters
- Frequent hospital admissions or ED visits
- Demographic and SDOH data (e.g., SDOH Z-codes, results of SDOH screenings)
- Referrals from the community (including provider referrals)
- Needs assessments, etc.

Blue Shield Promise should attempt to outreach to qualifying members and their providers to encourage utilization of CHW services.

9. What are the documentation requirements for CHWs?

CHWs are required to document the dates, times, and duration of services provided to members. Documentation should include the nature of the services provided and the CHW's National Provider Identifier (NPI) number. Documentation must be accessible to the Supervising Provider upon request and should be integrated into the member's medical record and available for encounter data reporting. For members who need multiple ongoing or continued CHW services beyond 12 units of service (as defined in the Medi-Cal Provider Manual), a written plan of care must be written.

10. What is a CHW plan of care?

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 the ongoing needs of a beneficiary. A CHW may assist in developing a plan of care with the licensed provider. This licensed provider does not need to be the same Supervising Provider or recommending provider.

The plan of care may not exceed one year and must include:

- The member's condition and relevant services that are needed
- List of other healthcare professionals providing treatment for the member's condition or barrier
- Written objectives specifically addressing the member's condition or barrier affecting their health
- List of specific services required for meeting the objectives
- Frequency and duration of CHW services (not to exceed the provider's order) to meet the plan's objectives

A licensed provider must review the member's plan of care at least every six months from the effective date to determine if progress is being made and whether services are still medically necessary.

11. Do Supervising Providers have to enroll as Medi-Cal providers?

Yes, if there is a state-level enrollment pathway for them to do so. Some Supervising Providers may not have a state-level enrollment pathway and are not required to enroll in the Medi-Cal program. These providers must be vetted by Blue Shield Promise to participate as Supervising Providers. CHWs themselves are not required to enroll as Medi-Cal providers and are therefore not subject to the requirements in APL 22-013, Provider Credentialing/Re-Credentialing and Screening/Enrollment.

12. Is there a benefit limit for CHW services?

Yes, members may receive up to 12 units of care in a single year (except for services provided in the Emergency Department). The maximum frequency is four units (two hours) daily per beneficiary, any provider. Additional units per day and beyond the 12 units annually may be provided with an approved Treatment Authorization Request (TAR) for medical necessity. TARs may be submitted after the services are provided.

13. How do providers bill Blue Shield Promise for CHW services?

The following CPT codes may be used for all services listed by the Supervising Provider when submitting claims:

- **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
- **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
- **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
- Providers should use modifier **U2** with the above CPT codes to denote services rendered by CHWs.
- In addition, CHW providers should use modifier **U3** with the above CPT codes to denote services rendered by Asthma Preventive Service (APS) providers.

The following HCPCS code is used for APS environmental trigger assessments. In-home assessments may be provided by unlicensed asthma preventive services providers as well as by licensed providers.

- **T1028** – Assessment of home, physical and family environment, to determine suitability to meet patient’s medical needs

For more information on billing codes used for APS, refer to the CHW and APS section of the Blue Shield Promise Provider Manual.