
Community Health Worker (CHW) Preventive Services

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Program Coverage

«Medi-Cal covers community health worker (CHW) services, pursuant to Title 42 of the Code of Federal Regulations (CFR), Section 440.130(c), as preventive services and on the written recommendation of a physician or other licensed practitioner of the healing arts acting within their scope of practice under State law.

CHW services may address issues that include, but are not limited to, the control and prevention of chronic conditions or infectious diseases; mental health conditions and substance use disorders; the need for preventive services, maternal health conditions; sexual and reproductive health; environmental and climate-sensitive health issues; child health and development; oral health; aging; injury; domestic or interpersonal violence by individuals with the appropriate training; and community violence prevention.»

Statewide Standing Recommendation

To help increase access to care and reduce barriers for Medi-Cal members (referred to as members in this section) receiving CHW services, the Department of Health Care Services (DHCS) issued a statewide standing recommendation that allows members to receive CHW services if they meet the defined eligibility criteria for CHW services as outlined in this policy. In addition, the statewide standing recommendation authorizes supervising providers to bill for CHW services with CPT® codes 98960 thru 98962 up to the stated frequency limits in this section. The standing recommendation may be accessed on DHCS' CHW webpage.

«**Note:** DHCS' standing recommendation is not applicable to and does not allow supervising providers to bill using HCPCS codes G0019 and G0022 due to the additional policy requirements outlined in this section.»

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. CHW services include Community Health Integration (CHI) services, which are more targeted services used to address unmet social determinants of health (SDOH) needs that affect the diagnosis and treatment of the member's medical problems.

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, with the qualifications specified below.

The plan of care or treatment plan is a written document that outlines general goals and is developed by one or more licensed providers that describe the needs for a member that will be addressed by CHW as well as other supports and services, if appropriate. «A CHW may assist in developing the plan of care or treatment plan with a licensed provider.»

Alternatively, a CHW may also draft a plan of care or treatment plan that identifies interventions for CHW services, which is then reviewed and approved by a licensed provider who may be a different licensed provider than the one who performed the initiating visit, as described in this policy, and is also shared with the CHW's supervising provider and licensed provider of the initiating visit.

For example, if a CHW chooses to draft a treatment plan for a member following an initiating visit with nurse practitioner (NP) in which unmet SDOH needs are identified that significantly limit the ability of the NP to diagnose or treat problems, it would then be shared with the CHW's licensed clinical social worker or other licensed provider who would review the plan and share as described above.

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 their services delivered to members. «The supervising provider can be a licensed provider; a hospital; an outpatient clinic as defined in Title 42 Code of CFR section 440.90, which includes an Indian Health Services (IHS)-Memorandum of Agreement (MOA) 638 Clinic and a Tribal Federally Qualified Health Center (Tribal FQHCs); a pharmacy, a Community-Based Organization (CBO); a Local Health Jurisdiction (LHJ); a county children and families commission (First 5); a Local Educational Agency (LEA); or a public institution of higher education.»

Note: CHWs may be supervised by a CBO or LHJ that does not have a licensed provider on staff. «Only LEAs or public institutions of higher education that are enrolled and bill as a Children and Youth Behavioral Health Initiative (CYBHI) provider may bill for CHW services. LEAs and public institutions of higher education that are not authorized to be CHW supervising providers outside of CYBHI cannot bill for CHW services as an LEA Medi-Cal Billing Option Program service.

For purposes of the services rendered by CHWs, FQHC and Rural Health Clinic (RHC) providers (other than Tribal FQHC providers) are not authorized as supervising providers in the Medi-Cal State Plan.» Although FQHC and RHC providers may use CHWs to provide covered CHW preventive services, CHWs are not considered to be FQHC and RHC billable providers. For additional FQHC or RHC policy and billing information, see the *Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs)* (rural) section of the Provider Manual.

CHW violence preventive services are evidence-based, trauma-informed, and culturally responsive preventive services provided by an individual qualified through any of the pathways listed below, for the purpose of reducing the incidence of violent injury or reinjury, trauma, and related harms and promoting trauma recovery, stabilization, and improved health outcomes.

SDOH refers to economic and social condition(s) that influence the health of individuals and communities. SDOH(s) include but are not limited to food insecurity, transportation insecurity, housing insecurity, and unreliable access to public utilities. Some examples include:

- Member who has not been seen recently requests an appointment at a specific time or on a specific date due to limited availability of transportation to or from the visit, or
- Member who requests a refill of refrigerated medication that went bad when the electricity was terminated at their home, or
- Member who is experiencing homelessness frequently loses the medication (or access to it) while transitioning between homeless shelters and a local friend's home.

Covered CHW Services

Covered CHW services, in either an individual or group setting, include the following:

- **Health education** to promote the member's health or address barriers to physical and mental health care, including providing information or instruction on health topics. The content of health education must be consistent with established or recognized health care standards. Health education may include coaching and goal setting to improve a member's health or ability to self-manage health conditions.
- **Health navigation** to provide information, training, referrals, or support to assist members to:
 - Access health care, understand the health care system, or engage in their own care, or
 - Connect to community resources necessary to promote a member's health; address health care barriers, including connecting to medical translation/interpretation or transportation services; or address health-related social needs.

Note: Under health navigation, CHWs may provide the following:

- ❖ Serve as a cultural liaison or assist a licensed provider in creating a plan of care, or treatment plan as part of a health care team. A CHW may also draft a plan of care or treatment plan that identifies intervention for CHW service which is then reviewed and approved by a licensed provider, or

- ❖ Outreach and resource coordination to encourage and facilitate the use of appropriate preventive services, or
- ❖ Help a member identify and/or select a primary care provider that meets their individual needs, or
- ❖ «Help a member maintain enrollment in Medi-Cal (including support with obtaining necessary documentation relative to enrollment) as well as with initial enrollment or maintaining enrollment in other government or assistance programs, such as CalWORKs or CalFRESH, among others, which are related to improving their health. »

Note: All existing Medi-Cal policies pertaining to Presumptive Eligibility pathways apply to CHW services in the same manner as all other Medi-Cal covered services.

- **Screening and assessment** that does not require a license and that assists a member to connect to appropriate services to improve their health
- **Individual support or advocacy** that assists a member in preventing the onset or exacerbation of a health condition or preventing injury or violence

CHW violence prevention services include all the CHW services described above (health education, health navigation, screening and assessment, and individual support and advocacy), as these services apply specifically to violence prevention.

Services may be provided to a parent or legal guardian of a member under the age of 21 for the direct benefit of the member, in accordance with a written recommendation from a licensed provider.

Note: If a parent or legal guardian of the member, under the age of 21, is not enrolled in Medi-Cal, a CHW service for the direct benefit of the member must be billed under the member's Medi-Cal ID and the member must be present during the session. Providers must maintain appropriate documentation that is made available to DHCS upon request or in the event of a state or federal audit.

Billing Codes

The CPT and HCPCS codes listed in this section may be used by the supervising provider when submitting claims for covered CHW services.

Note: The HCPCS codes for individual members have additional requirements that are not required when billing the CPT codes.

An LEA enrolled as a CYBHI provider may bill the CHW codes listed in the CYBHI fee schedule only, which at this time only includes the CPT codes. For more information, see the CYBHI web page.

«Individual Medi-Cal Member Billing

Supervising providers may use the following billing codes when submitting claims for covered CHW services provided to an individual Medi-Cal member.

Individual Medi-Cal Member Billing»»

«Billing Code»	Description	«Maximum Frequency Limit»
«CPT code 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	«Maximum frequency is four units (two hours) daily per member, any provider. Note: Additional units per day may be provided with an approved <i>Treatment Authorization Request</i> (TAR) for medical necessity.»
«HCPCS code G0019»	CHI services performed by certified or trained auxiliary personnel, including a community health worker, under the direction of a physician or other practitioner; 60 minutes per calendar month, in the following activities to address SDOH need(s) that are significantly limiting the ability to diagnose or treat problem(s) addressed in an initiating visit: • Person-centered assessment, performed to better understand the individualized context of the intersection between the SDOH need(s) and the problem(s) addressed in the initiating visit. – Conducting a person-centered assessment to understand the patient’s life story, strengths, needs, goals, preferences and desired outcomes, including understanding – Facilitating patient-driven goal setting and establishing an action plan – Providing tailored support to the patient as needed to accomplish the practitioner’s treatment plan	«Maximum frequency is one unit (60 minutes) per calendar per month, per member, any provider. Note: It cannot be billed during the same calendar month as CPT 98960 by the same provider.»

«Individual Medi-Cal Member Billing (continued)»

«Billing Code»	Description	«Maximum Frequency Limit»
«HCPCS code G0019 (continued)»	• Practitioner, home, and community-based care coordination. – Coordinating receipt of needed services from healthcare practitioners, providers, and facilities; and from home- and community-based service providers, social service providers, and caregiver (if applicable) – Communication with practitioners, home- and community-based service providers, hospitals, and skilled nursing facilities (or other health care facilities) regarding the patient's psychosocial strengths and needs, functional deficits, goals, preferences, and desired outcomes, including cultural and linguistic factors – Coordination of care transitions between and among health care practitioners and settings, including transitions involving referral to other clinicians; follow-up after an emergency department visit; or follow-up after discharges from hospitals, skilled nursing facilities or other health care facilities • Facilitating access to community-based social services (for example, housing, utilities, transportation, food assistance) to address the SDOH need(s) • Health education- helping the patient contextualize health education provided by the patient's treatment team with the patient's individual needs, goals, and preferences, in the context of the SDOH need(s), and educating the patient on how to best participate in medical decision-making.	«Maximum frequency is one unit (60 minutes) per calendar per month, per member, any provider. Note: It cannot be billed during the same calendar month as CPT 98960 by the same provider.»

«Individual Medi-Cal Member Billing (continued)»

«Billing Code»	Description	«Maximum Frequency Limit»
«HCPCS code G0019 (continued)»	• Building patient self-advocacy skills, so that the patient can interact with members of the health care team and related community-based services addressing the SDOH need(s), in ways that are more likely to promote personalized and effective diagnosis or treatment. • Health care access / health system navigation. – Helping the patient access healthcare, including identifying appropriate practitioners or providers for clinical care and helping secure appointments with them. • Facilitating behavioral change as necessary for meeting diagnosis and treatment goals, including promoting patient motivation to participate in care and reach person-centered diagnosis or treatment goals. • Facilitating and providing social and emotional support to help the patient cope with the problem(s) addressed in the initiating visit, the SDOH need(s), and adjust daily routines to better meet diagnosis and treatment goals. • Leveraging lived experience when applicable to provide support, mentorship, or inspiration to meet treatment goals.	«Maximum frequency is one unit (60 minutes) per calendar month, per member, any provider. Note: It cannot be billed during the same calendar month as CPT 98960 by the same provider.»
«HCPCS code G0022»	CHI services, each additional 30 minutes per calendar month (list separately in addition to G0019)	«Maximum frequency is four units (two hours) per calendar month, per member, per provider. Note: Additional units per month may be provided with an approved TAR for medical necessity.»

Group Medi-Cal Member Billing

Supervising providers may use the following billing codes when submitting claims for covered CHW services provided to two or more Medi-Cal members in a group setting:

Group Medi-Cal Member Billing

«Billing Code»	Description	«Maximum Frequency Limit»
«CPT code 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; two to four patients	Maximum frequency is four units (two hours) daily per member, any provider. Note: Additional units per day may be provided with an approved TAR for medical necessity.
«CPT code 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; five to eight patients	«Maximum frequency is four units (two hours) daily per member, any provider. Note: Additional units per day may be provided with an approved TAR for medical necessity.»

Additional Billing Requirements for CPT Codes 98960, 98961 and 98962

«Supervising providers billing for covered CHW services using CPT code 98960 for individual Medi-Cal members, or CPT codes 98961 or 98962 for group visits with two or more Medi-Cal members, as specified in the code description, must also adhere to the following:

- Time tracking must be continuous for each billed unit (30 minutes per unit).
- Must document at least 16 minutes to bill one unit; documentation should reflect actual time spent, including start/end times or total duration.
- Providers cannot combine multiple short segments across the day to meet one 30-minute unit. Each unit must represent a single, uninterrupted session.»

- «If a provider has multiple sessions in one day, each session must individually meet the minimum threshold (greater than or equal to 16 minutes) and be documented separately.
- Each session should include its own start/end times, topics covered (CHWs may provide more than one covered service in a single session), and member engagement details.

Additional Billing Requirements for HCPCS codes G0019 and G0022»»

All claims for HCPCS code G0019 must be billed after a licensed Medi-Cal provider identifies an unmet SDOH need (or multiple SDOH needs) during an initiating visit that significantly limits their ability to diagnose or treat the member. The initiating visit must occur during the preceding six (6) months prior to the claim for HCPCS code G0019, and the initiating visit must be billed with one of the following:

- Office or other outpatient services: CPT codes 99203 thru 99205 and 99213 thru 99215
- Home or residence services: CPT codes 99342, 99344 thru 99345 and 99348 thru 993450
- Preventive medicine services: CPT codes 99381 thru 99387 and 99391 thru 99396

«**Note:** If a licensed Medi-Cal provider determines that SDOH need(s) change after the initiating visit, then the new SDOH need(s) and corresponding ICD-10-CM diagnosis code(s) must be used on the corresponding claim for HCPCS code G0022. Providers may only bill HCPCS code G0019 again for the same member in the same month if there was another initiating visit by a licensed provider who developed a new treatment plan for a different unmet SDOH need.»

Following the initiating visit, a licensed Medi-Cal provider must:

- Identify an unmet SDOH need (or multiple SDOH needs) that significantly limit their ability to diagnose or treat the member and,
- Develop a treatment plan that includes the ICD-10-CM diagnosis code(s) and share the treatment plan with the CHW's supervising provider who will bill HCPCS codes G0019 and/or G0022 for the subsequent CHW services provided.

«Supervising providers billing for covered CHW services using HCPCS codes G0019 and G0022 for individual Medi-Cal members must also adhere to the following:

- Time tracking may be cumulative over the calendar month.
- For HCPCS code G0019 (60 minutes per unit), supervising providers must document at least 31 minutes to bill one unit; documentation should reflect actual time spent, including start/end times or total duration.
- For HCPCS code G0022 (30 minutes per unit), providers must document at least 16 minutes to bill one unit; documentation should reflect actual time spent, including start/end times or total duration.
- Multiple sessions may be combined.
- Each session should include its own start/end times, topics covered, and member engagement details.
- HCPCS code G0022 must be billed in conjunction with HCPCS code G0019.
- HCPCS code G0022 may be stacked (added together) if total CHW time delivering services exceeds 90 minutes in a calendar month.

All claims for HCPCS codes G0019 and G0022 must include at least one of the following ICD-10-CM diagnosis code(s), which should also be identified in the treatment plan following the initiating visit:

ICD-10-CM Diagnosis Codes for HCPCS codes G0019 and G0022»»

ICD-10-CM Diagnosis Code	Description
Z55	Problems related to employment and unemployment
Z56	Problems related to education and literacy
Z57	Occupational exposure to risk factors
Z58	Problems related to physical environment
Z59	Problems related to housing and economic circumstances
Z60	Problems related to social environment
Z62	Problems related to upbringing

«ICD-10-CM Diagnosis Codes for HCPCS codes G0019 and G0022 (continued)»

ICD-10-CM Diagnosis Code	Description
Z63	Other problems related to primary support group, including family circumstances
Z64	Problems related to certain psychosocial circumstances
Z65	Problems related to other psychosocial circumstances

«In addition, the Medi-Cal provider for the initiating visit must ensure that the following is documented in the member's medical record and available to DHCS upon request or in the event of state or federal audit:»

- The SDOH need(s) intended to be addressed and clinical problem(s) intended to be resolved. Documenting ICD-10-CM code(s) listed above can count as appropriate documentation.
- The specific CHW covered services to be performed by the CHW.

«Required Modifiers for CHW Billing Codes

All supervising providers as defined in this section must use modifier U2 with the above HCPCS and CPT codes to denote services rendered by CHWs.» For more information on allowable modifiers, refer to the [Modifiers Used with Procedure Codes](#) section in Part 2 of the Provider Manual.

Place of Service (POS)

There are no POS restrictions for covered CHW services.

«Telehealth Modalities

Covered CHW services may be provided via synchronous telehealth modalities when it is appropriate to do so and consistent with Medi-Cal policy. Synchronous telehealth modalities are real-time, two-way interactions between a member and a health care provider, in which covered Medi-Cal services are rendered, which typically are going to be effectuated using audio-visual technology (in essence, HIPAA-compliant video conferencing platforms) but may also be audio-only (in essence, telephone calls) in limited circumstances outlined in Medi-Cal policy. Supervising providers should refer to the *Telehealth* section of the appropriate Part 2 manual for guidance regarding providing covered CHW services via telehealth modalities.»

Note: CHWs may not provide services via asynchronous telehealth modalities, including store and forward or e-consults.

Documentation Requirements

«As noted in this section, covered CHW services require a written recommendation by a physician or other licensed practitioner of the healing arts within their scope of practice under state law. Other licensed practitioners who can recommend CHW services within their scope of practice include but may not be limited to physician assistants, nurse practitioners, clinical nurse specialists, podiatrists, nurse midwives, licensed midwives, registered nurses, public health nurses, psychologists, licensed marriage and family therapists, licensed clinical social workers, licensed professional clinical counselors, dentists, licensed educational psychologists, licensed vocational nurses, and pharmacists.

Note: If the CHW is not using the standing recommendation issued by DHCS, the recommending licensed provider does not need to be enrolled in Medi-Cal or be a network provider within the member's managed care plan.»

CHWs are required to document the dates and time/duration of services provided to members. Documentation should also reflect information on the nature of the service provided and support the length of time spent with the member that day. For example, documentation might state, "Discussed the member's challenges accessing healthy food and options to improve the situation for 15 minutes. Assisted with SNAP application for 30 minutes. Referred member to XYZ food pantry."

«Documentation shall be accessible to the supervising provider to support claims submitted for reimbursement.» Further, all documentation shall also be accessible to DHCS upon request or made available in the event of a state and/or federal audit.

Note: For CPT codes 98960, 98961 and 98962, providers must list a clinically appropriate ICD-10-CM revision diagnosis code(s) on the claim form in accordance with their scope of practice. For HCPCS codes G0019 and G0022, providers must list one of the allowable ICD-10-CM revision diagnosis code(s) on the claim form, as outlined in this section, in accordance with their scope of practice. «This same information must also be maintained in the Medi-Cal member's medical record.»

Plan of Care for CPT Codes 98960, 98961 and 98962

«When billing for CPT codes 98960, 98961 and 98962, providers are encouraged, but not required, to initially develop a written plan of care when a need for multiple or ongoing CHW services is identified.» However, a written plan of care is required for continued CHW services billed with CPT codes 98960, 98961 or 98962 after 12 units (six hours) of care per member in a single year from the initial date of service with the exception of services provided in the Emergency Department.

The written plan of care may be developed by one or more licensed providers. In addition, the provider developing the plan of care does not need to be the same provider who initially recommended CHW services or the supervising provider for CHW services. CHWs may participate on the team that develops the plan of care. A CHW may also draft a plan of care that identifies interventions for CHW services which is then reviewed and approved by a licensed provider. The plan of care may not exceed a period of one year. The plan of care must meet the following conditions:

- Specifies the condition that the service is being ordered for and be relevant to the condition,
- Includes a list of other health care professionals providing treatment for the condition or barrier,
- Contains written objectives that specifically address the member's condition(s) or barrier(s) affecting their health,
- Lists the specific services required for meeting the written objectives, and
- Includes the frequency and duration of CHW services (not to exceed the provider's order) to be provided to meet the plan of care's objectives.

A licensed provider must review the member's plan of care at least every six months from the effective date of the initial plan of care. The licensed provider must determine if progress is being made toward the written objective and whether services are still medically necessary. If there is a significant change in the member's condition, providers should consider amending the plan for continuing care or discontinuing services if the objectives have been met.

Treatment Plan for HCPCS code G0019

«A treatment plan is developed by a licensed Medi-Cal provider is always required prior to CHW services billed with HCPCS code G0019 following an initiating visit within the preceding six (6) months with a member, as described above.» A CHW may also draft a treatment plan that identifies interventions for CHW services, which is then reviewed and approved by a licensed provider who may be a different licensed provider than the one who performed the initiating visit and is also shared with the CHW's supervising provider and licensed provider of the initiating visit, as described in more detail in this policy. The treatment plan must include the applicable ICD-10 diagnosis code(s) for the unmet SDOH need and specify how the CHW services will help address the needs of the member.

Note: Although the standing recommendation cannot be used for CHW services billed with HCPCS codes G0019 and G0022, the treatment plan approved by a licensed provider is considered a recommendation from a licensed provider for CHW services.

Prior to billing CHW services with HCPCS code G0019, a licensed Medi-Cal provider must have an initiating visit, as described in this section, with a member within the preceding six (6) months.

Eligibility Criteria

CPT codes 98960, 98961 and 98962

CHW services billed with CPT codes 98960, 98961 and 98962 are considered medically necessary for members with one or more chronic health conditions (including behavioral health) or exposure to violence and trauma, who are at risk for a chronic health condition or environmental health exposure, who face barriers meeting their health or health-related social needs, and/or who would benefit from preventive services. Members meet the medical necessity criteria for CHW services based on the presence of one or more of the following:

- Diagnosis of one or more chronic health (including behavioral health) conditions, or a suspected mental disorder or substance use disorder that has not yet been diagnosed,
- Presence of medical indicators of rising risk of chronic disease (for example, elevated blood pressure, elevated blood glucose levels, etc., that indicate risk but do not yet warrant diagnosis of a chronic condition),
- Positive Adverse Childhood Events (ACEs) screening indicating a need for follow-up services,
- Presence of known risk factors, including domestic or intimate partner violence, tobacco use, excessive alcohol use, and/or drug misuse,
- Results of a social drivers of health screening indicating unmet health-related social needs, such as housing or food insecurity,
- One or more visits to a hospital emergency department 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, such as maintaining enrollment in Medi-Cal (including support with obtaining necessary documentation relative to enrollment) as well as initial enrollment or maintaining enrollment in other government or assistance programs, such as CalWORKs or CalFRESH, or»
- Need for recommended preventive services.

CHW violence preventive services are available to a member who meets any of the following circumstances:

- The member has been violently injured as a result of community violence.
- «A licensed Medi-Cal provider has determined that the member is at significant risk of experiencing violent injury as a result of community violence.»
- The member has experienced chronic exposure to community violence.

HCPCS codes G0019 and G0022

«CHW services billed with HCPCS codes G0019 and G0022 are considered to be medically necessary if they meet all of the requirements as described in this section, which include having an initiating visit during the preceding six (6) months with a licensed Medi-Cal provider who identifies an unmet SDOH need (or multiple SDOH needs), which is identified by the appropriate ICD-10-CM diagnosis code(s), and that significantly limits their ability to diagnose or treat the member.»

Claim Submission

All claims for CHW services must be submitted by the Medi-Cal enrolled supervising provider.

Supervision Requirements

«CHWs must be supervised by a supervising provider, as defined in this section. The supervising provider does not need to be the same entity as the licensed provider who made the written recommendation for CHW services, if applicable.»

Supervising providers do not need to be physically present at the location when CHWs provide services to members. Management and day-to-day supervision of CHWs as employees may be delegated as determined by the supervising provider. However, the supervising provider is responsible for ensuring the provision of CHW services complies with all applicable requirements as described in this section.

Privacy Requirements

CHWs and their supervising providers, including CBOs and LHJs, must protect the privacy of members. CHW supervisors should have processes in place to protect Protected Health Information, as required by the Confidentiality of Medical Information Act (sections 56 thru 65.37 of the California Civil Code) and sections 1280.1-1280.15 of the Health and Safety Code.

CHW Minimum Qualifications

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 of one or more linguistic, cultural, or other groups in the community for which the CHW is providing services. Supervising providers are encouraged to work with CHWs who are familiar with and/or have experience in the geographic communities they are serving.

CHWs must demonstrate minimum qualifications through one of the following pathways, as determined by the supervising provider:

Certificate Pathway

CHWs demonstrating qualifications through the Certificate Pathway must provide proof of completion of at least one of the following certificates:

1. **CHW Certificate:** A certificate of completion with a curricula that clearly includes 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 must also include field experience as a requirement. Also note the following:
 - DHCS does not issue or approve CHW Certificates.
 - CHW Certificates do not need to be issued or approved by any state agency.
 - CHW Certificates can be issued by any organization, so long as it meets all Medi-Cal policy and related requirements outlined in this section.
 - The supervising provider is responsible for determining if the organization that issues the CHW Certificate meets all Medi-Cal policy and related requirements outlined in this section and the CHW is therefore qualified to provide services to members.
 - A CHW Certificate allows a CHW to provide all covered CHW services described in this section, including violence prevention services if applicable.
2. **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.

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.

Note: 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 member.

Continuing Training Requirement

All CHWs must complete a minimum of 6 hours of additional training annually. Training should be in core competencies and/or specialty areas, like domestic or interpersonal violence. «The supervising provider shall maintain evidence of the CHWs completing continuing education requirements, which shall be made available to DHCS upon request or made available in the event of a state and/or federal audit.

Supervising providers may provide and/or require additional training for subspecialty areas, as identified by the supervising provider.

Non-Covered Services

The following are considered non-covered services and not billable under this section:

- Clinical case management/care management that requires a license
- Childcare
- 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 or treatment plan
- 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
- Transporting members
- Services provided to individuals not enrolled in Medi-Cal, except as noted above
- Services that require a license

Note: Although CHWs may provide CHW services to members with mental health and/or substance use disorders, CHW services do not include Peer Support Services as covered under the Drug Medi-Cal, Drug Medi-Cal Organized Delivery System and Specialty Mental Health Services programs. CHW services are distinct and separate from Peer Support Services.

Asthma Preventive Services

CHWs may provide CHW services to members 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.

Note: These services may also be rendered by a licensed provider within their scope of practice.

For more information, refer to the [Asthma Preventive Services \(APS\)](#) section in Part 2 of the Provider Manual.

Resources

DHCS has created resources to help CHWs and supervising providers navigate the policy described in this section, which are available on DHCS' [Community Health Workers](#) webpage and include the following:

- Informational webinar recordings and materials
- A copy of the Standing Recommendation
- Frequently Asked Questions on topics including billing, provider requirements, dental services and more.
- CBO- and LHJ-focused informational materials on topics including enrollment.

Legend

Symbols used in the document above are explained in the following table.

Symbol	Description
«	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
»	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.