

Network Provider Update

To: Medi-Cal network participants

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Subject: **All Plan Letter 24-006: Community Health Worker Services Benefit**

The Department of Health Care Services (DHCS) recently issued [All Plan Letter \(APL\) 24-006](#), "Community Health Worker Services Benefit." We are sharing a summary of this APL with you to ensure you are aware of the information, and you can apply the information to your practice or facility operations, where appropriate.

APL 24-006 outlines the qualifications for becoming a Community Health Worker (CHW), defines eligible populations for CHW services, and describes conditions where the CHW benefit is applicable. "CHW services are defined as preventive health services delivered by a CHW to prevent disease, disability, and other health conditions or their progression; to prolong life; and to promote physical and mental health."

APL 24-006 is similar to APL 22-016, with the following **new** requirements for managed care plans:

- A billing pathway is needed for supervising providers billing CHW services following emergency department visits.
- Federally Qualified Health Clinics (FQHCs) and Rural Health Clinics (RHCs) should be reimbursed at the same level as other provider types.

Key information

- CHW qualifications:
 - Lived experience similar to the members being served
 - Certificate in CHW or Violence Prevention
 - If they do not have a certificate, someone with 2,000+ hours of work experience in CHW may provide services for up to 18 months while they complete their certificate.
 - CHWs are not required to enroll as Medi-Cal providers.
- CHWs are employed by a Supervising Provider, which must be a licensed provider, hospital (including the emergency department), clinic, local health jurisdiction, or community-based organization contracted with the plan to provide CHW services to eligible members. The Supervising Provider is an enrolled Medi-Cal provider and is responsible for member eligibility documentation and creating Plans of Care.
- Member eligibility for CHW services:
 - Written recommendation from a physician or licensed practitioner
 - Meets one or more criteria, including a chronic health condition, risk of chronic disease, adverse childhood event, known risk factors (domestic violence, tobacco, alcohol or drug misuse), unmet health-related social needs, visit(s) to a hospital emergency department, hospital or psychiatric

facility stay(s), detox facility stay(s), two or more missed medical appointments, member expressed need for support, and need for preventative services

- Violence prevention services are for members who have been injured or are at risk of injury as a result of community (e.g., gang) violence or who experience chronic exposure to such violence.
 - Managed care plans (MCPs) should also use data to determine which populations need priority in receiving CHW services.
- Covered CHW services include violence prevention, health education, health navigation, screening and assessment services that do not require a license, and individual support or advocacy.
 - CHW workers may provide street medicine but cannot offer services that require a license.
 - Providers must not double bill, as applicable, for CHW services that are duplicative to services that are reimbursed through other benefits such as enhanced care management (ECM), which is inclusive of the services within the CHW benefit.
 - The APL also notes documentation and plan of care requirements, lists services that are NOT covered as CHW services and explains how CHW claims are reimbursed.
 - More information is available in the DHCS [CHW Preventive Services Manual](#).

This summary is only meant as a brief description of the APL. Please see the APL itself for additional background and the complete requirements. The full text of APL 24-006 may be found at this URL: <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL%202024/APL24-006.pdf> (Links to the DHCS.ca.gov website will take you off of the Blue Shield Promise website.)

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