

State of California—Health and Human Services Agency  
Department of Health Care Services



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**DATE:** September 9, 2022

ALL PLAN LETTER 22-016 (*REVISED*)

**TO:** ALL MEDI-CAL MANAGED CARE HEALTH PLANS

**SUBJECT:** COMMUNITY HEALTH WORKER SERVICES BENEFIT

**PURPOSE:**

The purpose of this All Plan Letter (APL) is to provide Medi-Cal managed care health plans (MCPs) with guidance regarding the qualifications for becoming a Community Health Worker (CHW), the definitions of eligible populations for CHW services, and descriptions of applicable conditions for the CHW benefit. Revised text is found in *italics*.

**BACKGROUND:**

Per State Plan Amendment (SPA) 22-0001, CHW services are preventive health services as defined in Title 42 Code of Federal Regulations (CFR) Section 440.130(c).<sup>1,2</sup> CHW services may assist with a variety of concerns impacting MCP Members, including but not limited to, the control and prevention of chronic conditions or infectious diseases, behavioral health conditions, and need for preventive services. Additionally, 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. CHWs tend to be members of the community they are serving and a larger component to linking health and social services for Members with an overall improvement in quality of services delivered.<sup>3</sup>

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. CHWs may include individuals known by a variety of job titles, such as promotores, community health representatives, navigators,

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<sup>1</sup> See 42 CFR 440.130(c). The CFR is searchable available at: <https://www.ecfr.gov/>

<sup>2</sup> SPA information is available at:

<https://www.dhcs.ca.gov/formsandpubs/laws/Pages/CaliforniStatePlan.aspx>

<sup>3</sup> See the Centers for Disease Control and Prevention information on integrating CHW on Clinical Care Teams and in the Community, available at:

<https://www.cdc.gov/dhdsp/pubs/guides/best-practices/chw.htm>

and other non-licensed public health workers, including violence prevention professionals, with the qualifications specified below.

Through their community connection and engagement, CHWs will advance the California Advancing and Innovating Medi-Cal (CalAIM) initiative's efforts in providing equitable health care through culturally competent services and further promote the MCP's contractual obligations to meet Department of Health Care Services' (DHCS) broader Population Health Management (PHM) standards.<sup>4 5</sup> MCPs may have already begun to employ CHWs to implement a wide array of activities, including support for Basic Population Health Management (defined as an approach to care that ensures needed programs and services, including primary care, are made available to each member at the right time and in the right setting) and support for Transitional Care Services (defined as members transferring from one setting or level of care to another), particularly when members are discharged back to a home or a community-based setting. CHWs may also already perform a care management role in Enhanced Care Management (ECM). The CHW Services benefit described in this APL provides a new mechanism for providing and reimbursing for services provided by CHWs. MCPs are not precluded from continuing to leverage CHWs in-house at the MCP or otherwise outside the scope of this benefit. In the case of CHWs performing a role in ECM, however, providers may not bill for both ECM and the CHW benefit for the same member, as described below.

## **POLICY:**

### **CHW Provider Requirements and Qualifications**

#### Required CHW Minimum Qualifications:

CHWs must have lived experience that aligns with and provides a connection between the CHW and the Member or population being served. This may include, 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 shared race, ethnicity, sexual orientation, gender identity, language, or cultural background with one or more linguistic, cultural, or other groups in the community for which the CHW is providing services. Supervising Providers (the organizations employing or otherwise overseeing the CHWs with which the MCP contracts, as described below) are encouraged to work

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<sup>4</sup> More information regarding CalAIM is available at: <https://www.dhcs.ca.gov/calaim>

<sup>5</sup> More information on PHM is available at <https://www.dhcs.ca.gov/CalAIM/Pages/PopulationHealthManagement.aspx>, including in the PHM Program Guide.

with CHWs who are familiar with and/or have experience in the geographic communities they are serving. Supervising Providers must maintain evidence of this experience.

CHWs must demonstrate, and Supervising Providers must maintain evidence of, 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:
  - **CHW Certificate:** A valid certificate of completion of a curriculum that attests to demonstrated 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 drivers of health (SDOH), as determined by the Supervising Provider.<sup>6</sup> Certificate programs must also include field experience as a requirement.

A CHW Certificate allows a CHW to provide all covered CHW services described in this APL, including violence prevention services.

- **Violence Prevention Professional Certificate:** For individuals providing CHW violence prevention services only, a Violence Prevention Professional (VPP) Certificate issued by Health Alliance for Violence Intervention or a certificate of completion in gang intervention training from the Urban Peace Institute.<sup>7,8</sup>

A VPP Certificate allows a CHW to provide CHW violence prevention services only. A CHW providing services other than violence prevention services must demonstrate qualification through either the Work Experience Pathway or by completion of a General Certificate.

- **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

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<sup>6</sup> DHCS previously used the term "Social Determinants of Health", and has since shifted to "Social Drivers of Health".

<sup>7</sup> More information regarding Health Alliance for Violence Intervention is available at: <https://www.thehavi.org/>.

<sup>8</sup> More information regarding Urban Peace Institute is available at: <https://www.urbanpeaceinstitute.org/>.

years and has demonstrated skills and practical training in the areas described above, as determined and validated by the Supervising Provider, may provide CHW services without a certificate of completion for a maximum period of 18 months. 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.

CHWs must complete a minimum of six hours of additional relevant training annually. The Supervising Provider must maintain evidence of this training. Supervising Providers may provide and/or require additional training, as identified by the Supervising Provider.

Supervising Provider:

A Supervising Provider is the organization employing or otherwise overseeing the CHW, with which the MCP contracts. The Supervising Provider ensures that CHWs meet the qualifications listed below in this APL, oversees CHWs and the services delivered to MCP Members, and submits claims for services provided by CHWs. The Supervising Provider must be a licensed Provider, a hospital, an outpatient clinic, a local health jurisdiction (LHJ), or a community-based organization (CBO).

The Supervising Provider does not need to be the same entity as the Provider who made the referral for CHW services. 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.

Supervising Providers must provide direct or indirect oversight to CHWs. Direct oversight includes, but is not limited to, guiding CHWs in providing services, participating in the development of a plan of care, and following up on the progression of CHW services to ensure that services are provided in compliance with all applicable requirements. Indirect oversight includes, but is not limited to, ensuring connectivity of CHWs with the ordering entity and ensuring appropriate services are provided in compliance with all applicable requirements.

MCPs must ensure that Supervising Providers or their Subcontractors contracting with or employing CHWs to provide covered CHW services to the MCP's Members verify that CHWs have adequate supervision and training.

**Member Eligibility Criteria for CHW Services**

CHW services require a written recommendation submitted to the MCP 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 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, registered dental hygienists, licensed educational psychologists, licensed vocational nurses, and pharmacists.

Please note that while a recommendation for CHWs services is required to be submitted to MCPs, MCPs must not require prior authorization for CHW services as preventive services for the first 12 units, as described in the section below on “Billing, Claims, and Payments.”

The recommending licensed Provider must ensure that a Member meets eligibility criteria before recommending CHW services. CHW services 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 in meeting their health or health-related social needs, and/or who would benefit from preventive services. The recommending Provider must determine whether a Member meets eligibility 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 (e.g., elevated blood pressure, elevated blood glucose levels, elevated blood lead levels or childhood lead exposure, etc.) that indicate risk but do not yet warrant diagnosis of a chronic condition.
- 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.
- Results of a SDOH screening indicating 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 visit, 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 as a result of community violence.
- 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.

CHW violence prevention services are specific to community violence (e.g., gang violence). CHW services can be provided to Members for interpersonal/domestic violence through the other pathways with training/experience specific to those needs.

In addition to Recommending Providers identifying a member's need for CHW services, MCPs must also use data driven approaches to determine and understand priority populations eligible for CHW services, including but not limited to, using past and current Member utilization/encounters, frequent hospital admissions or ED visits, demographic and SDOH data, referrals from the community (including Provider referrals), and needs assessments, etc. MCPs should use these data sources to help identify Members who meet the eligibility criteria for CHW services and attempt outreach to qualifying Members and their Providers to encourage utilization of CHW services. MCPs should also encourage Providers to communicate with Members about the availability of CHW services. Additionally, MCPs should use SDOH Z-codes, results of SDOH screening questions or PHM risk stratification and segmentation processes to help with identification and assessment of priority populations as specified by DHCS.<sup>9</sup> MCPs are encouraged to ensure that priority populations match the unique needs of their local population in terms of lived experience, and target specific communities that are most vulnerable, including but not limited to populations experiencing health disparities as identified in DHCS' Health Disparities Report and communities residing in Quartiles 1 and 2 as defined by the California Healthy Places Index.<sup>10</sup> DHCS expects the forthcoming PHM Service risk tiering system to play a role in identifying MCP members who can benefit from CHW services.<sup>11</sup>

### **Documentation Requirements**

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

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<sup>9</sup> See APL 21-009, Collecting Social Determinants of Health Data.

<sup>10</sup> The Health Places Index is available at: <https://www.healthylplacesindex.org/>

<sup>11</sup> Described at <https://www.dhcs.ca.gov/CalAIM/Pages/PopulationHealthManagement.aspx>

provided and support the length of time spent with the patient that day. For example, documentation might state, “Discussed the patient’s challenges accessing healthy food and options to improve the situation for 15 minutes. Assisted with the Supplemental Nutrition Assistance Program application for 30 minutes. Referred patient to [XYZ] food pantry.” Documentation must be accessible to the Supervising Provider upon their request. Documentation should be integrated into the Member’s medical record and available for encounter data reporting. CHW’s National Provider Identifier (NPI) number should be included in documentation.

### **Plan of Care**

For members who need multiple ongoing CHW services or continued CHW services after 12 units of services as defined in the Medi-Cal Provider Manual, a written care plan must be written by one or more individual licensed providers, which may include the recommending Provider and other licensed Providers affiliated with the CHW Supervising Provider.<sup>12</sup> The Provider ordering 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 in the development of the plan of care, and may take a lead role in drafting the plan of care if done in collaboration with the Member’s care team and/or other Providers referenced in this section. The plan of care may not exceed a period of one year. The plan of care must:

- Specify the condition that the service is being ordered for and be relevant to the condition;
- Include a list of other health care professionals providing treatment for the condition or barrier;
- Contain written objectives that specifically address the recipient’s condition or barrier affecting their health;
- List the specific services required for meeting the written objectives; and
- Include the frequency and duration of CHW services (not to exceed the Provider’s order) to be provided 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 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 recipient’s condition, Providers should consider amending the plan for continuing care or discontinuing services if the objectives have been met.

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<sup>12</sup> The Medi-Cal Provider Manual containing the CHW policy is available at: <https://files.medi-cal.ca.gov/pubsdoco/Publications/masters-MTP/Part2/chwprev.pdf>.

### **Covered CHW Services including Violence Prevention Services**

CHW services can be provided as individual or group sessions. The services can also be provided virtually or in-person with locations in any setting including, but not limited to, outpatient clinics, hospitals, homes, or community settings. There are no service location limits. Supervising Providers should refer to the Telehealth section in Part 2 of the Provider Manual for guidance regarding providing services via telehealth.<sup>13</sup>

Services include:

- **Health Education**: Promoting a Member's health or addressing barriers to physical and mental health care, such as through providing information or instruction on health topics. Health Education content must be consistent with established or recognized health care standards and may include coaching and goal setting to improve a Member's health or ability to self-manage their health conditions.
- **Health Navigation**: Providing information, training, referrals, or support to assist Members to access health care, understand the health care delivery system, or engage in their own care. This includes connecting Members to community resources necessary to promote health; address barriers to care, including connecting to medical translation/interpretation or transportation services; or address health-related social needs. Under Health Navigation, CHWs can also:
  - Serve as a cultural liaison or assist a licensed health care Provider to participate in the development of a plan of care, as part of a health care team;
  - Perform outreach and resource coordination to encourage and facilitate the use of appropriate preventive services; or
  - Help a Member enroll or maintain enrollment in government or other assistance programs that are related to improving their health, if such navigation services are provided pursuant to a plan of care.
- **Screening and Assessment**: Providing screening and assessment services that do not require a license, and assisting a Member with connecting to appropriate services to improve their health.
- **Individual Support or Advocacy**: Assisting a Member in preventing the onset or exacerbation of a health condition, or preventing injury or violence. This includes peer support as well if not duplicative of other covered benefits.

Services may be provided to a parent or legal guardian of a Member under age 21 for the direct benefit of the Member, in accordance with a recommendation from a licensed Provider. A service for the direct benefit of the Member must be billed under the

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<sup>13</sup> The Medi-Cal Provider Manual, Medicine: Telehealth, is available at: <https://files.medi-cal.ca.gov/pubsdoco/Publications/masters-MTP/Part2/mednetele.pdf>



Member's Medi-Cal ID.

CHWs may render street medicine and bill MCPs for appropriate and applicable services within their scope of service.

Covered CHW services do not include any service that requires a license.

**Non-covered CHW services**

- 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

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.

**Provider Enrollment**

MCP Network Providers, including those that will operate as Supervising Providers, are required to enroll as Medi-Cal Providers if there is a state-level enrollment pathway for them to do so. However, some Supervising Providers may not have a corresponding state-level enrollment pathway and are not required to enroll in the Medi-Cal program. These Providers must be vetted by the MCP in order to participate as Supervising Providers, as described below.

Supervising Providers, with a state-level Medi-Cal enrollment pathway, must follow the standard process for enrolling through the DHCS' Provider Enrollment Division.

The credentialing requirements articulated in APL 22-013: Provider Credentialing/ Re-credentialing and Screening/Enrollment only apply to Providers with a state-level pathway for Medi-Cal enrollment.<sup>14</sup> Supervising Providers without a state-level pathway to Medi-Cal enrollment are not required to meet the screening/enrollment and credentialing requirements in APL 22-013 in order to become “in-network”. Rather, Supervising Providers but must be vetted by the MCP in order to participate. Once a pathway for Medi-Cal enrollment becomes available to specified Provider types, these Providers will be required to enroll following the standard Medi-Cal enrollment process.

To include a Supervising Provider in their Networks when there is no state-level Medi-Cal enrollment pathway, MCPs are required to vet the qualifications of the Provider or Provider organization to ensure they can meet the standards and capabilities required to be a Supervising Provider. MCPs must create and implement their own processes to do this. Criteria that MCPs may want to consider as part of their vetting processes includes, but is not limited to:

- Sufficient experience providing similar services within the service area;
- Ability to submit claims or invoices using standardized protocols;
- Business licensing that meets industry standards;
- Capability to comply with all reporting and oversight requirements;
- History of fraud, waste, and/or abuse;
- Recent history of criminal activity, including a history of criminal activities that endanger Members and/or their families; and
- History of liability claims against the Provider.

The same principles would apply to any Supervising Provider for whom there is no state-level enrollment pathway.

CHWs are not required to enroll as a Medi-Cal Providers and are therefore not subject to the requirements in APL 22-013, Provider Credentialing/Re-Credentialing and Screening/Enrollment. MCPs must develop and submit Policies and Procedures (P&Ps) for how they will ensure that Providers and Subcontractors that serve as CHW Supervising Providers are certifying that their CHWs have the appropriate training, qualifications, and supervision. MCPs must consider, at the minimum, the following CHW Supervising Provider characteristics in their P&Ps:

- MCP’s ability to receive referrals from licensed practitioners for CHW benefits
- MCPs validating Supervising Providers are appropriately assessing CHWs have sufficient experience to provide services

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<sup>14</sup> APLs are available at: <https://www.dhcs.ca.gov/formsandpubs/Pages/AllPlanLetters.aspx>

- Ensuring Supervising Providers have the ability to submit claims or encounters to MCPs using standardized protocols
- MCPs ensuring Supervising Providers have business licensing that meet industry standards
- MCP's capability to comply with all reporting and oversight requirements
- MCP's monitoring processes for fraud, waste, and/or abuse of CHW services
- MCP's process for monitoring recent history of criminal activity of Supervising Providers
- MCP's process for monitoring history of liability claims against the Supervising Provider

### **Billing, Claims, and Payments**

CHW services must be reimbursed through a CHW Supervising Provider in accordance with its Provider contract, unless reimbursed directly through an MCP if the CHW is a Medi-Cal enrolled Provider. Since CHW services are a preventive service, MCPs must not require prior authorization for CHW services; however, quantity limits can be applied based on goals detailed in the plan of care. MCPs must not establish unreasonable or arbitrary barriers for accessing coverage. Claims for CHW services must be submitted by the Supervising Provider with allowable current procedural terminology codes as outlined in the Medi-Cal Provider Manual. MCPs and all Subcontractors and Network 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. Therefore, MCPs must ensure that providers do not bill for CHW services and ECM for the same member for the same time period

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.<sup>15</sup>

### **Access Requirements for CHW Services**

As part of their Network composition, MCPs must ensure and monitor sufficient Provider Networks within their service areas, including for CHW services. MCPs should prioritize usage of CHW services for priority populations as mentioned above. DHCS strongly encourages MCPs to contract with existing CHW networks serving Medi-Cal populations, especially those in local public health departments.

MCPs should focus their initial CHW integration plan to align with DHCS' Bold Goals

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<sup>15</sup> CHW Preventive Services, Provider Manual excerpt: <https://files.medi-cal.ca.gov/pubsdoco/Publications/masters-MTP/Part2/chwprev.pdf>

Initiative, as outlined in the DHCS 2022 Comprehensive Quality Strategy.<sup>16</sup> Specifically, DHCS encourages MCPs to ensure adequate CHW networks to:

- Support integrated behavioral health models of care, including by increasing screening, brief intervention, and referral to treatment for substance use and mental health conditions for all age groups but especially children, youth, and pregnant/postpartum populations.
- Support improvements in access and utilization of children's preventive care services, especially focused on engagement of communities experiencing health disparities and leveraging DHCS-provided reports of Members who have not utilized services to guide the identification and engagement of target populations.
- Support improved birth outcomes by improving support of pregnant persons during the prenatal and postpartum period (through 12 months post-partum) in the clinical and home settings, and leveraging Comprehensive Perinatal Services Program perinatal health workers, where appropriate.

As part of the MCP's Population Health Management Readiness Deliverable submission, MCPs must submit to DHCS for review and approval a CHW Integration Plan that describes the MCP's strategies for supporting CHW integration and approach for building sustainable infrastructure and supports. See Appendix A below for the framework.

### **DHCS Monitoring**

DHCS will monitor MCPs' implementation of CHW requirements through existing data reporting mechanisms such as encounter data, grievances and appeals, and the 274 Network Provider File. Although CHWs have NPIs, they are not required to be entered in the 274 Network Provider File. As such, DHCS will obtain the number of CHWs within each Network, initially from the MCP through the CHW Integration Plan and included later through the PHM readiness submission.

The requirements contained in this APL will necessitate a change in MCPs' contractually required P&Ps. MCPs must submit their updated P&Ps to their Managed Care Operations Division (MCO) Contract Manager within 90 days of the release of this APL.

MCPs are responsible for ensuring that their Subcontractors and Network Providers comply with all applicable state and federal laws and regulations, contract requirements,

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<sup>16</sup> The 2022 DHCS Comprehensive Quality Strategy is available at:  
<https://www.dhcs.ca.gov/services/Documents/Formatted-Combined-CQS-2-4-22.pdf>

and other DHCS guidance, including APLs and Policy Letters.<sup>17</sup> These requirements must be communicated by each MCP to all Subcontractors and Network Providers.

If you have any questions regarding this APL, please contact your MCO Contract Manager.

Sincerely,

Original Signed by Dana Durham

Dana Durham, Chief  
Managed Care Quality and Monitoring Division

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<sup>17</sup> For more information on Subcontractors and Network Providers, including the definition and applicable requirements, see APL 19-001, and any subsequent APLs on this topic.

**Appendix A**

**CHW Integration Plan**

MCPs must engage and include input from LHJs to address the following in the CHW Integration Plan. MCPs must submit the CHW Integration Plan for DHCS review and approval as part of the Population Health Management Readiness Deliverables by October 21, 2022 or (for new MCPs) before beginning service as an MCP, under timelines defined by DHCS. Please refer to the PHM Readiness Deliverable for the exact questions requiring responses.

<b>CHW Integration Plan</b>	
<b>Requirement</b>	<b>Element</b>
1. Integrate CHWs into health care delivery services	<ul style="list-style-type: none"> <li>• How the MCP will assess Member needs, determine priority populations using a data driven approach, and connect identified Members to needed services</li> <li>• How the MCP’s approach for integrating CHWs particularly addresses the following Quality Strategy clinical priorities: children’s preventive care, underutilization of primary care, and maternity care and birth equity, and integrated behavioral health</li> <li>• How the MCP plans to use CHWs to help address its priorities related to engagement, population health, improved quality and health equity and improved efficiencies</li> <li>• Approach for how the MCP may use CHWs in serving as ECM Providers and providing care coordination to Community Support services in a non-duplicative manner</li> <li>• The MCP’s referral pathways to CHW services</li> </ul>
2. Build capacity in Provider Networks to employ CHWs	<ul style="list-style-type: none"> <li>• Strategies for recruiting and growing the Provider Network</li> <li>• Whether the MCP will use its existing Provider Network and partnerships with CBOs to fill identified service gaps, including ECM and Community Supports</li> <li>• Approach for integrating CHWs with services that are already being provided through existing MCP contractual requirements, and with health workers that currently provide health education, health navigation, and ECM services, to ensure non-duplication</li> </ul>

	<ul style="list-style-type: none"> <li>• Approach to leverage the skills and assets of external organizations such as Providers, health systems, CBOs, and LHJs to support CHWs</li> </ul>
<p>3. Communicate to Members about the scope of practice, benefits, and availability of CHW services</p>	<ul style="list-style-type: none"> <li>• Approach for Member communication in a culturally and linguistically appropriate manner including written notice, webpage, and other communication tools that inform Members how to avail and utilize CHW services</li> </ul>
<p>4. Communicate to Providers about the scope of practice, benefits, and availability of CHW services</p>	<ul style="list-style-type: none"> <li>• Inclusion of scope of service in MCP's Provider Manual</li> <li>• Approach for Provider training on scope of practice, integration of CHWs in care teams, and referrals to CHW services</li> </ul>
<p>5. MCP monitoring strategies</p>	<ul style="list-style-type: none"> <li>• Approach for measuring baseline utilization and strategies for increasing Member utilization of CHW services over time</li> <li>• Approach to monitoring and evaluating the success of CHWs in improving health outcomes, reducing health disparities, and achieve health equity in the short and long term</li> </ul>