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To whom it may concern:

- **Advocacy**
- **Evaluation**
- **Inclusion**

The California Behavioral Health Planning Council thanks the Department of Health Care Services (DHCS) for the opportunity to comment on the development of a Community Health Worker (CHW) benefit in the Medi-Cal system. Pursuant to state law, the Council serves as an advisory body to the Legislature and Administration on the policies and priorities that California should be pursuing in developing its behavioral health system. Our membership includes persons with lived experience as consumers and family members, professionals, providers, and representatives from state departments whose populations touch the behavioral health system. Their perspectives are essential to our view on the challenges and successes of behavioral health services and best practices in California.

The Council's Workforce and Employment Committee has provided some responses to the initial stakeholder questions proposed at the CHW stakeholder meeting held by DHCS on August 18, 2021. Our responses are presented below:

***How should CHW services be defined – which specific activities of a CHW should qualify as Medi-Cal billable?***

According to the draft [Section 1115 Medicaid Waiver Renewal \(November 2014\)](#), DHCS defines a Community Health Worker as a frontline health worker who is a trusted member of and/or has an unusually close understanding of the community served. The trusting relationship enables the CHW to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery through care coordination, screening and other care support activities. A CHW also improves population health and builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support and advocacy.

The Workforce and Employment Committee (WEC) agrees with the definition of CHWs presented by DHCS and would like to ensure that the shaded elements of the above definition are included in the service definitions and activities. In addition, the WEC recommends that the following CHW services be billable in the Medi-Cal system:

- Provide general education on mental health, substance use disorders, and the health services system in California
- Conduct community outreach and enrollment in the Medi-Cal system
- Create a care plan that reflects patient needs and connects patients to these resources (i.e. health navigation services)
- Participate as a member of the patient care team
- Assist the post-discharge care coordination team to facilitate follow up appointments and coordinate ancillary services
- Act as a liaison to housing, nutritional services, and other pertinent social services that influence social determinants of health and well-being

***What qualifications should a provider meet to provide CHW services?***

The WEC believes that it is crucial that DHCS work with current CHWs to define the qualifications. It would also be helpful to include the perspective of the potential CHW employers such as the health centers, hospitals, and CBOs because there may be additional qualifications and trainings needed from the employer's perspective. Below, the WEC members provide input on provider qualifications to deliver CHW services. Please note that the following recommendations are not reflective of an all-inclusive list of qualifications:

- Possess the ability to meet individuals where they are in the recovery process
- Demonstrate a cultural understanding of the population(s) being served
- Demonstrate cultural humility in order to be aware of the lens that individuals view life and recovery
- Balance the importance of having cultural understanding with the need for cultural education and training

In addition to the qualifications, the following are the WEC's comments regarding the development of CHW trainings:

- We ask that DHCS be mindful of the varying educational levels of CHWs and ensure that educational requirements do not act as a barrier to CHWs who currently work in the field
- We recommend that DHCS provide funding assistance to allow any trainings to be low-cost or free to the CHW

DHCS may also want to create a set of training standards. The WEC is aware of the following existing programs that may be useful in the training process:

- Vision y Compromiso (VyC) is an organization that helps train Promotoras and may be able to offer recommendations around training
- California Health Care Foundation's [Resource Package #1: The Role of CHW/Ps in Health Care Delivery for Medi-Cal Members](#) for guidance on developing CHW competencies

### ***Who can supervise a CHW and bill for services?***

#### **Supervision**

A supervisor could essentially be any individual employed within a community health center (CHC) or other health settings as long as they have a deep understanding of the CHW role and how to support their role in integrated care teams. For example, it would be helpful for supervisors to possess knowledge on how to integrate CHWs into the organization so the CHW can learn skills required for a clinical setting while also being able to convey their experiential wisdom.

#### **Medi-Cal Billing**

Medi-Cal providers, including CHCs, should be allowed to bill for CHW services. We would like to ensure that the billing and payment structure is not administratively burdensome for all provider types including CHCs. The California Primary Care Association (CPCA) is exploring different avenues in which CHCs may be able to be reimbursed in order to grow the CHW workforce within the CHC model. CHCs may potentially be reimbursed for CHW services with a pay for performance model that provides incentive payments to help CHCs cover the cost of employing CHWs. We encourage DHCS to work with CPCA to determine a payment mechanism for this Medi-Cal benefit.

### ***Should Community-Based Organizations (CBOs) be eligible providers, and what criteria should they meet?***

Yes. CHWs include advocates, outreach workers, and individuals in the community who help to connect individuals to services. CBOs who engage in this type of work should be able to bill Medi-Cal for CHW services if they meet the requirements of a Medi-Cal provider.

### ***Are there important use cases for CHWs in Medi-Cal?***

We recommend that DHCS refer to current hiring and training practices in Los Angeles County. Los Angeles County is currently training and classifying CHWs as CHW I, CHW II, and so forth. DHCS may want to reference the classification structure for CHWs in L.A. County in order to assist with the development of a career ladder, in consultation with CHWs who currently work in the field.

***Other related comments/concerns:***

There is some confusion regarding the difference between Community Health Workers and Peer Support Specialists (PSS). We suspect that CHWs and PSS share common competencies and responsibilities, however, these classifications may differ in the sense that the CHW's primary role is to act as a liaison to relay health information to individuals and connect them to services while peers explore and support using their lived experiences in order to assist the individual being served construct their own path in recovery.

The WEC recommends that DHCS provide a chart or comparison between the CHW benefit and the optional PSS benefit for clarity. The WEC has the following questions regarding the roles of CHWs:

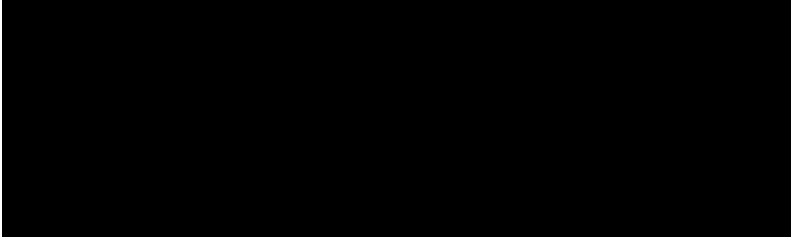
- Is there is a substantial difference in the roles of Community Health Workers and Peer Support Specialists?
- Does the difference lie in which system the classification is used (Managed Care Plans versus county Mental Health Plans)?
  - Are CHWs being expanded to be utilized in county Mental Health Plans?
- Is the intent to have CHWs and PSS utilized in both systems as long as billing is not duplicative? If so, is it possible for an individual to be classified as both a CHW and PSS at the county level?

Please view the WEC's additional questions and concerns below:

- The WEC is concerned that each organization will develop a unique scope of work for their employed CHWs which in turn creates several different requirements dependent on the program or county. We recommend, in order to ensure consistency across programs, that this program be included in the annual review protocol with respect to specializations for special populations.
- English-only documentation requirements may create barriers to professional advancement for some CHWs. WEC encourages DHCS to find ways to accommodate limited English-speaking and non-English speaking CHWs to create equitable pathways of advancement for all.

We appreciate the opportunity to comment on the initial set of stakeholder questions for the proposed Community Health Worker Medi-Cal benefit. The WEC requests that CHWs are included in all aspects of the design, review, implementation and evaluation of this new Medi-Cal benefit. We hope that the recommendations put forth in this letter are useful as you move forward with development and implementation. We look forward to providing input in the future as this new program is developed and implemented. If you have any questions, please contact Jane Adcock, Executive Officer, at [Jane.Adcock@cbhpc.dhcs.ca.gov](mailto:Jane.Adcock@cbhpc.dhcs.ca.gov).

Sincerely,



Noel J. O'Neill, LMFT  
Chairperson