THE HEALTH ALLIANCE OF NORTHERN CALIFORNIA (HANC) AND THE NORTH COAST CLINICS NETWORK (NCCN) ARE REGIONAL ASSOCIATIONS OF COMMUNITY HEALTH CENTERS WHO ANNUALLY SERVE MORE THAN 200,000 PATIENTS ACROSS 14 RURAL, NORTHERN CALIFORNIA COUNTIES.

The Use of Community Health Workers by FQHCs

May 2024

DEFINITION

A Community Health Worker (CHW) is defined in the Welfare and Institutions Code as: "a liaison, link, or intermediary between health and social services and the community to facilitate access to services and to improve the access and cultural competence of service delivery. A community health worker is a frontline health worker either trusted by, or who has a close understanding of, the community served. Community health workers include Promotores, Promotores de Salud, Community Health Representatives, navigators, and other non-licensed health workers. … A community health worker's lived experience shall align with and provide a connection to the community being served."[1]

Because they are knowledgeable about local resources and a trusted voice in their community, CHWs are effective at reducing health spending,[2] improving health outcomes,[3] and reducing disparities[4] by promoting positive health behaviors and improving healthcare access. Given the role of CHWs, and their ability to serve as a cultural bridge between communities and the medical system, CHWs are able to help address social determinants of health (SDOH).[5, 6, 7]

As it pertains to state reimbursement for CHW services and related federal requirements, CHW services are considered preventive, and are therefore defined as services recommended by a physician or other licensed practitioner of the healing arts, and as services that prevent disease, disability, and other health conditions or their progression; prolong life; and promote physical and mental health and efficiency.[8]

According to California's State Plan Amendment (SPA), covered services include health education, navigation, screening and assessment that doesn't require a license, and individual support or advocacy.[9] Non-covered services include services that require a license, child care, employment services, and personal care/homemaker services, among others.[9]

CHW CORE COMPETENCIES

The Welfare and Institutions Code[1] lists the following Core Competencies for Community Health Workers:

- Communication skills
- Interpersonal and relationship-building skills
- Service coordination and navigation skills
- Capacity building skills
- Advocacy skills
- Education and facilitation skills
- Individual and community assessment skills
- Outreach skills
- Professional skills and conduct
- Evaluation and research skills
- Knowledge base, including knowledge of basic health principles, and SDOH and related disparities, of the community to be served.

These competencies are reflected in the job descriptions of CHWs and non-clinical case managers that were provided for review by some of the member FQHCs.

CHW TRAINING & CERTFICATION

CHW Certificate Requirements for Medi-Cal Billing

The SPA specifies that staff working as CHWs can qualify to receive Medi-Cal reimbursement if they obtain a certification that provides training in the above competencies or if they have 2,000 hours of work experience (paid or volunteer).

For those under the work experience pathway, CHWs must obtain training within 18 months of their first CHW visit provided to a Medi-Cal beneficiary. In either case, CHWs must receive 6 hours of training per year ongoing to maintain their certification.[10]

In July 2023, the California Department of Health Care Access and Information (HCAI) issued a guidance letter on requirements for a state-issued CHW Certificate, including how the experience of existing CHWs could be recognized. However, they received feedback that more stakeholder engagement was needed, so a pause to the guidance letter was announced, and a series of dialogue sessions are being held through mid-2024.[11]

CHW Training Scholarships

Partnership HealthPlan of California (Partnership) offers scholarships for current and former Partnership members to attend CHW training through Sacramento City College, a program that includes both virtual and in-person practicum.[12]

Additionally, HCAI was provided funding to help increase the number of certified CHWs. HCAI is planning to offer scholarships to training organizations, like FQHCs, to help increase capacity and create more robust programming.

PAYING FOR CHWS IN FQHCS

FQHC Billing for CHWs Under Medi-Cal

Beginning July 1, 2022, CHW services are billable to Medi-Cal as a Fee for Service (FFS) benefit.[13] CHWs are not billable providers within the FQHC Prospective Payment System (PPS) reimbursement model. FQHCs can add the costs of CHW services into their PPS rate through the rate-setting process (for new sites) or through the change in scope process (for existing sites).

CHW services can also be billed as part of the Comprehensive Perinatal Services Program (CPSP). CHW services that are provided as part of CPSP can be billed as part of that program if the CHW staff have the experience to be certified as comprehensive perinatal health workers.[13]

CHW services can be billed through California Advancing and Innovating Medi-Cal (CalAIM) Enhanced Care Management (ECM).[14] This can be done either as an alternative to, or in addition to, incorporating the cost of CHW services into the PPS rate since there are differences in who is eligible to receive services through ECM (as described below) versus who could receive CHW services that are provided as part of the PPS rate. Also see the section on Restrictions on the next page.

All of HANC-NCCN members provide Medi-Cal Managed Care through a contract with Partnership. Under Partnership's policy, ECM is for high-need high-cost members, and the populations of focus are as follows, with providers being able to request approval for others they believe would benefit from the services on a case-by-case basis. There are also exclusion criteria, such as members already receiving

similar services through another program like Hospice, Palliative Care, the Multipurpose Senior Services Program, etc.

Populations of Focus eligible for ECM benefits:

- "Adult Populations of Focus: Homelessness, At Risk for Avoidable Hospital or ED Utilization, Serious Mental Health or Substance Use Disorder, Transitioning from Incarceration, At Risk of Institutionalization/Eligible for Long-Term Care Services, Nursing Facility Residents Transitioning to the Community, and/or Pregnant and Postpartum; Birth Equity.
- Children & Youth Populations of Focus: Homelessness, At Risk for Avoidable Hospital or ED Utilization, Serious Mental Health and/or Substance Use Disorder, Enrolled in California Children's Services (CCS) or CCS Whole Child Model (WCM) with Additional Needs Beyond CCS Condition, Involved with Child Welfare, Intellectual or Developmental Disability (I/DD), and/or Pregnant and Postpartum; Birth Equity."[15]

Becoming an ECM provider is not always feasible for smaller FQHCs because there is a patient threshold that must be reached in order to break even or generate revenue through ECM and Quality Improvement Program (QIP) per patient per month (PMPM) payments compared to the cost of employing staff to run the program.[16]

Restrictions

There is a restriction that prevents Medi-Cal from reimbursing for both CHW services outside of an ECM program and ECM services being provided to the same member at the same time.[17] And, a member cannot receive ECM services from more than one ECM provider at the same time. So, if a FQHC is going to provide CHW services, they need to make sure the member can get all of their needs met through that program, whether it is an ECM program or not, because that member won't be able to get CHW services or other ECM services anywhere else. (If they qualify, a member may still get Community Support (CS) services from other CS providers.)

Grant Funding for CHWs in FQHCs

If FQHCs are not ECM providers and are not able to get their PPS rate increased enough to cover the cost of providing CHW services (or they choose not to pursue a PPS rate increase) and there are not other organizations they can partner with or they choose not to do so, grant funding is another option. There are challenges that come with this solution as well, including the time-limited nature of grant funding, which also introduces hiring and retention challenges. Grants can also be used to pay for start-up costs until the program reaches the level that it's able to pay for itself through a PPS rate increase, ECM, or both.

CHW Services by Other Medi-Cal Providers

Effective January 8, 2024, Community Based Organizations (CBOs) and Local Health Jurisdictions (LHJs) can provide CHW services as Medi-Cal providers under contract with their local Managed Care Plan as part of an ECM program.[10] This means that for an FQHC to ensure CHW services are available to their patients, they can provide those services themselves or they can partner with an ECM provider, which could now include a CBO or LHJ. Challenges involved with partnering with an outside organization include how to fully integrate an outside organization's employee into the health center or the health center's referral process, whether there are liability risks associated with an outside organization's employee having access to patient information, and the sustainability of the outside organization's funding and program.

RECOMMENDATIONS

#1 SUPPORT FEDERAL LEGISLATION

At the federal level, the CHW Access Act (introduced by Senator Bob Casey from Pennsylvania) would support a federal billing and reimbursement pathway for CHW services via Medicare and Medicaid.[18] On the Medicare side this would be accomplished by providing for Medicare reimbursement of CHWs for services to prevent illness, reduce physical or mental disability, and restore an individual to the best possible functional level; and to address social needs through education and referrals to health care and community-based organizations. On the Medicaid side this would be accomplished by creating an optional Medicaid benefit, incentivized by an enhanced Federal Medical Assistance Percentage, to cover preventive services and services to address social needs furnished by CHWs. The proposed legislation specifies that the services could be furnished by a "community health agency," and it goes on to define that term, with the definition including FQHCs.[19] The state would need to submit and receive approval for a SPA in order to participate.

#2 STANDARDIZE JOB CLASSIFICATIONS

FQHCs could rename current non-clinical positions that provide CHW services but aren't called CHWs (patient navigators, case managers, etc.) and either request an increase to their PPS rate through the change in scope process, or contract with Partnership to become ECM providers, or both. They would need to ensure their staff become certified once the certification guidance is finalized.

#3 STANDARDIZE CHW CERTIFICATION

FQHCs can participate in HCAI's dialogues to provide input into the certification process and content.

Conversations with the Community College System should take place to standardize training for a certificate program to meet the CHW criteria once HCAI finalizes their guidance.

#4 EVALUATE CHW PILOT PROJECTS

Where FQHCs and CBOs have partnered to provide CHW services in FQHCs, best practices and lessons learned should be highlighted and shared with the goal of spreading the use of CHWs to other FQHCs.

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