



KERN HEALTH SYSTEMS

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POLICY AND PROCEDURES					
SUBJECT: Community Health Worker				POLICY #: 4.51-P	
DEPARTMENT: Provider Network Management					
Effective Date:	Review/Revised Date: 3/15/2023	DMHC		PAC	
		DHCS	X	QI/UM COMMITTEE	
		BOD		FINANCE COMMITTEE	

 Date _____
 Emily Duran
 Chief Executive Officer

 Date _____
 Chief Medical Officer

 Date _____
 Director of Claims

 Date _____
 Director of Compliance and Regulatory Affairs

 Date _____
 Senior Director of Provider Network

POLICY STATEMENT

Kern Health Systems (KHS) will provide plan members with the Community Health Worker (CHW) services benefit identified through Department of Health Care Services (DHCS) All Plan Letter (APL) 22-016.

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). CHW services may assist with a variety of concerns impacting MCP members, including but not limited to, the control

and preventions or chronic conditions or infectious diseases, behavioral health conditions, and need for preventive services.

PURPOSE

To define the process by which KHS and contracted CHW Providers become qualified to provide CHW services, the covered services, and requirements to be followed to ensure compliance with DHCS regulation.

ENFORCEMENT

KHS will verify all providers submitting claims for CHW services have completed the CHW application and CHW Supervisor Attestation has submitted through the credentialing department.

CERTIFICATION

1.0 CHW Provider Requirements and Qualification

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 have lived experience that aligns with Member or population being served. CHWs must demonstrate qualifications through the Certificate Pathway and must provide proof of completion. A CHW who does not have a certificate of completion and has at least 2,000 hours working as a CHW in a paid or volunteer position within the previous three years, will have 18 months from the first CHW service provided to a member to earn a CHW certificate of completion, as described above.

CHW violence prevention services are available to Members who meet any of the following circumstances as determined by a licensed practitioner:

- A. The Member has been violently injured as a result of community violence.
- B. The Member is at significant risk of experiencing violent injury as a result of community violence.
- C. The Member has experienced chronic exposure to community violence.

Note: CHWs must complete a minimum of six (6) hours of additional relevant training annually.

CHWs must be supervised by a licensed provider, outpatient clinic, hospital, community-based organization (CBO), or local health jurisdiction (LHJ).

1.1 Supervising Provider Requirements

Supervising Providers must be a licensed provider, outpatient clinic, hospital, community-based organization (CBO), or local health jurisdiction (LHJ). Supervising Providers must maintain evidence of the CHWs lived experience and attest that they have verified the CHWs have lived experience that aligns with the population they are serving and have sufficient experience to provide services.

Supervising Providers must maintain evidence of CHW minimum qualifications through one of the following pathways:

- A. 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. Certificate programs must also include field experience as a requirement.
- B. 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. 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.
- C. 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 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.

The Supervising Provider must maintain evidence of the annual the training requirements. CHWs are required to complete a minimum of 6 hours in relevant training. Supervising Providers may provide and/or require additional training, as identified by the Supervising Provider. KHS will monitor to ensure Supervising Providers or their Subcontractors contracting with or employing CHWs are providing adequate supervision and training. Providers will be required to demonstrate verification of supervision and training upon request of KHS.

The 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.

The supervising provider does not need to be the same entity as the provider who made the written recommendation for CHW services. Supervising providers do not need to be physically present at the location when CHWs provide services to beneficiaries. Management and day-to-day supervision of CHWs as employees may be delegated as determined by the supervising provider.

1.2 PROVIDER ENROLLMENT

The KHS Network Providers will be required to enroll as Medi-Cal Providers if there is a state-level enrollment pathway for them to do so. Supervising Providers, with a state-level Medi-Cal enrollment pathway, must follow the standard process for enrolling through the DHCS' Provider Enrollment Division. Refer to KHS Policy 4.01P Credentialing.

For the Supervising Providers that do not have a corresponding state-level enrollment pathway, they will not be required to enroll in the Medi-Cal program. Supervising Providers, without a state level Medi-cal enrollment pathway, must complete the appropriate provider application, Supervising Attestation and Acknowledgement form for submission to KHS Credentialing for review and approval. KHS will verify the supervising provider meets the qualification as a licensed provider, or other acceptable supervising provider designated within a hospital, outpatient clinic, local health jurisdiction (LHJ) or a community-based organization (CBO), employing or otherwise overseeing the CHW, with which Kern Health Systems (KHS) contracts.

PROCEDURES:

2.0 MEMBER ELIGIBILITY CRITERIA

CHW services require a written recommendation submitted to KHS by a physician or other licensed practitioner of the health arts within their scope of practice (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). Referrals will be submitted to KHS via the provider portal and KHS will use JIVA, our internal medical management system, to monitor referrals sent to providers.

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:

- A. 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.
- B. 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.

- C. Any stressful life event presented via the Adverse Childhood Events screening.
- D. Presence of known risk factors, including domestic or intimate partner violence, tobacco use, excessive alcohol use, and/or drug misuse.
- E. Results of a Social Determinant of Health (SDOH) screening indicating unmet health-related social needs, such as housing or food insecurity.
- F. One or more visits to a hospital emergency department (ED) within the previous six months.
- G. One or more hospital inpatient stays, including stays at a psychiatric facility, within the previous six months, or being at risk of institutionalization.
- H. One or more stays at a detox facility within the previous year.
- I. Two or more missed medical appointments within the previous six months.
- J. Member expressed need for support in health system navigation or resource coordination services
- K. 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:

- A. The Member has been violently injured as a result of community violence.
- B. The Member is at significant risk of experiencing violent injury as a result of community violence.
- C. 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.

2.1 COVERED CHW 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.

Services include:

- A. 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.
- B. 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:
 - 1. 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;
 - 2. Perform outreach and resource coordination to encourage and facilitate the use of appropriate preventive services; or
 - 3. 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.
- C. 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.
- D. 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 Member's Medi-Cal ID.

CHWs may render street medicine and bill KHS for appropriate and applicable services within their scope of service. Covered CHW services do not include any service that requires a license.

Note: There are no Place of Service restrictions for CHW services.

2.2 NON-COVERED CHW SERVICES

- A. Clinical case management/care management that requires a license
- B. Child-care
- C. Chore services, including shopping and cooking meals
- D. Companion services
- E. Employment services
- F. 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
- G. Delivery of medication, medical equipment, or medical supply
- H. Personal Care services/homemaker services
- I. Respite care
- J. Services that duplicate another covered Medi-Cal service already being provided to a Member
- K. Socialization
- L. Coordinating and assisting with transportation
- M. Services provided to individuals not enrolled in Medi-Cal, except as noted above
- N. Services that require a license

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.

2.3 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 provided and support the length of time spent with the patient that day.

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.

2.4 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 plan of care 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. The plan of care must be submitted to KHS, through the provider portal, for review to authorize the additional services.

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:

- A. Specify the condition that the service is being ordered for and be relevant to the condition;
- B. Include a list of other health care professionals providing treatment for the condition or barrier;
- C. Contain written objectives that specifically address the recipient's condition or barrier affecting their health;
- D. List the specific services required for meeting the written objectives; and
- E. 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.

2.5 MONITORING

Monitoring will include verification of CHW's ability to provide attested services. If appropriate training and certification are not able to be verified, Kern Health Systems has the right to recover any paid funds through our recovery process after 30 days of notification. Supervising Providers will complete attestation certifying that their CHWs have the appropriate training, qualifications, and supervision.

KHS will use collected information to assess universal capture rates across KHS membership and implement data strategies. KHS uses the John Hopkins risk stratification tool for risk stratification and segmentation of the KHS population including but not limited to, using past and current Member utilization/encounters, frequent hospital admissions or ED visits, demographic and SDOH data. This will allow KHS to identify members who need more care and attention for their overall health and refer to CHWs for support to addressing health care needs. Providers will be required to use data driven approaches to determine and identify priority populations eligible for CHW services.

2.6 BILLING, CLAIMS, AND PAYMENTS

CHW services must be reimbursed through a CHW Supervising Provider in accordance with its Provider contract, unless the CHW is a Medi-Cal enrolled Provider, then it will be directly reimbursed.

KHS will not require prior authorization for CHW services as they are a preventive service for the first 12 units. CHW has quantity limits, with a maximum frequency of four units (two hours) daily per beneficiary. Quantity limits can be applied based on goals detailed in the plan of care. Additional units per day may be provided with KHS approval for medical necessity. KHS will 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.

KHS, 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.

Refer to KHS Policy 14.04 Prevention, Detection, and Reporting of Fraud, Waste, or Abuse

Note: Tribal clinics may bill for CHW services at the Fee-for-Service rates using the CPT codes as outlined in the Provider Manual.

2.7 ACCESS REQUIREMENTS

KHS monitors the accessibility of contracted providers to members to obtain covered services and implements corrective measures when necessary. Refer to KHS Policy 4.30-P Accessibility Standards.

2.8 INTEGRATION WITH POPULATION HEALTH MANAGEMENT (PHM)

KHS has submitted the Population Health Management Readiness Deliverable and CHW Integration Plan to DHCS for review and approval.

2.9 DELEGATION

KHS is responsible for ensuring that their delegates comply with all applicable state and federal laws and regulations, contract requirements, and other DHCS guidance, including APLs and Dual Plan Letters. These requirements must be communicated by KHS to all delegated entities and subcontractors.

REFERENCE:

Revision 2022-11: Policy was developed to comply with DHCS APL 22-016. DHCS approval was received on 1/19/2023.

P&P 4.01-P	Credentialing
P&P 4.30-P	Accessibility Standards
P&P 14.04-P	Prevention, Detection, and Reporting Fraud, Waste, or Abuse