



**Gold Coast
Health Plan**SM
A Public Entity



Provider Certification Application Community Health Workers (CHW)

Provider Certification Application: Community Health Workers (CHW)

Instructions

1. This CHW Provider Application reflects the requirements and expectations set forth by DHCS and GCHP to serve as a provider for GCHP members.
2. Please have an authorized representative complete the CHW Provider Application and submit to calaimpr@goldchp.org with the subject line “CHW Provider Application.” Once you submit this application, the GCHP team will review and respond within 45 business days.
3. If you have questions, please participate in the Technical Assistance Webinars that GCHP hosts or contact calaimpr@goldchp.org.
4. As you complete your application, please be aware that GCHP will conduct a readiness review to ensure that you meet DHCS requirements and can provide the services in the manner set forth in DHCS policy and GCHP’s P&P. To that end, we ask that you please:
 - a. Carefully review the expectations for providing CHW services as set forth in the guidance documents cited at the end of these instructions and to be discussed in GCHP Technical Assistance Webinars before reviewing these expectations within your organization to ensure that you have a clear understanding of them and are prepared to deliver the services. There may be additional discussion and/or requirements for specific populations of focus as described in the CHW Policy Guide referenced in these instructions.
 - b. Provide details about how your organization will implement the CHW services to meet the expectations of the program. For all narrative responses, be clear and concise so that reviewers will understand how your organization provides CHW services and limit responses to 500 words or less for each section.
 - c. Do not include any PHI or PII.
 - d. Avoid acronyms when possible or define acronyms in a supporting document.
 - e. If you have any subcontractors providing any part of CHW services on behalf of your organization, please submit a copy of the MOU / contract as part of your application.
5. If you are proposing that a subcontractor fulfill the CHW provider requirements, please also complete Section 1I: Oversight and Monitoring. GCHP will confirm receipt of an application within five business days. A staff member will engage individual CHW providers to request additional information or clarification for areas of the application that do not satisfy the CHW requirements.
6. Please name each file you submit with the same format. For example: MyOrganizationName_CHW_RequiredAreaA_Question1 or MyOrganizationName_CHW_RequiredAreaD.
7. Please see the following reference materials for your information and assistance:
 - a. DHCS Reference Documents for ECM and CS: [CHW and CHW Standard Provider Terms and Conditions](#) document provides details on provider expectations.
 - b. [DHCS All Plan Letter 22-016 CHW Services Benefit](#).

Background Material

Program coverage

Medi-Cal covers CHW services, pursuant to Title 42 of the Code of Federal Regulations, Section 440.130(c), as preventive services and on the written recommendation of a physician or other licensed practitioner of the healing arts within their scope of practice under state law. CHW services may address issues that include, but are not limited to, the control and prevention of chronic conditions or infectious diseases; mental health conditions and substance use disorders; need for preventive services, perinatal health conditions; sexual and reproductive health; environmental and climate-sensitive health issues; child health and development; oral health; aging; injury; domestic violence; and violence prevention.

Definition

CHW services are preventive health services to prevent disease, disability, and other health conditions or their progression; to prolong life; and promote physical and mental health. Community health workers may include individuals known by a variety of job titles, including promotores, community health representatives, navigators, and other non-licensed public health workers, including violence prevention professionals, with the qualifications specified below.

The **supervising provider** is an enrolled Medi-Cal provider who submits claims for services provided by CHWs. The supervising provider ensures a CHW meets the qualifications listed in this application, and directly or indirectly oversees a CHW and their services delivered to GCHP members. The supervising provider can be a licensed provider, a hospital, an outpatient clinic, a local health jurisdiction (LHJ), or a community-based organization (CBO). CHWs may be supervised by a CBO or LHJ that does not have a licensed provider on staff.

Acronym key:

- Activities of Daily Living (ADL)
- Alternative Format Selection (AFS)
- Certified Aging-in-Place Specialist (CAPS)
- Community Health Workers (CHWs)
- Community Supports (CS)
- Continuum of Care (CoC)
- Coordinated Entry System (CES)
- Department of Health Care Services (DHCS)
- Enhanced Care Management (ECM)
- Gold Coast Health Plan (GCHP)
- Health Insurance Portability and Accountability Act (HIPAA)
- High-Efficiency Particulate Air (HEPA)
- In Home Supportive Services (IHSS)
- Instrumental Activities of Daily Living (ADLs)
- Integrated Pest Management (IPM)
- Managed Care Plan (MCP)
- Memorandum of Understanding (MOU)
- National Provider Identifier (NPI)
- Personal Emergency Response System (PERS)
- Personally Identifiable Information (PII)
- Primary Care Provider (PCP)
- Process and Procedures (P&P)
- Protected Health Information (PHI)
- Registered Dietician (RD)
- Secure File Transfer Protocol (SFTP)
- Supplemental Security Income (SSI)

Prospective CHW Supervising Providers must complete all sections of this Certification Application

Section 1: Demographic Information

CHW Provider Organization Name:			
CHW Provider Organization Type:			
Tax Identification Number (TIN):			
National Provider Identifier (NPI) (If applicable) (i.e., Submit Type 2 NPI if applicable. If you have a pending NPI application indicate here): Note: Not all providers will have an NPI			
Geographic Locations and Hours of Operations			
Do you currently have a contract with a Managed Care Plan (MCP)? If yes, please list the MCP.			
Completed by:		Date:	
Title:			
Phone Number:		Email Address:	

Section 2: CHW Program Information

Section	Requirements	Questions for Prospective Providers
<p>Required Area 1A</p>	<p>CHW Provider Requirements and Qualifications</p> <p>CHWs must have lived experience that aligns with and provides a connection between the CHW and the member or population served. Lived experience may include, but is not limited to, experience related to incarceration, military services, 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, to other groups in the community. CHWs must also demonstrate minimum qualifications to provide services.</p> <p>Supervising providers ensure that CHWs meet qualifications, oversee CHWs and the services delivered to Members, and submits claims for services provided by CHWs. Supervising providers must be a licensed provider, a hospital, an outpatient clinic, a local health jurisdiction, or a community-based organization.</p>	<p>Questions for Prospective Providers</p> <ol style="list-style-type: none"> Describe the lived experience of your CHWs. Do you require CHWs to obtain certificates? <input type="checkbox"/> Yes or <input type="checkbox"/> No If yes, what kind of certificates do you require CHWs to obtain? Does your organization provide annual training? If so, explain how. How many supervising providers and CHWs do you have on staff now? How many do you anticipate having on staff in six months? In 12 months? Describe your supervising providers' process for conducting oversight of CHWs. <p>Applicant Response:</p>
<p>Required Area 1B</p>	<p>Eligibility, Outreach, and Engagement</p> <p>Members must be deemed eligible to receive CHW services by a physician, nurse practitioner, nurse midwives, and other licensed practitioners.</p> <p>CHW Provider must be able to complete the following:</p> <ol style="list-style-type: none"> Receive referrals from outside providers. Receive referrals from GCHP. Validate referred members are eligible for CHW services. Conduct outreach and engagement to referred members in timely manner. Maintain documentation of referral outcome. 	<ol style="list-style-type: none"> Describe your end-to-end referral process, including how you communicate with outside providers. Describe your end-to-end referral process, including how you communicate with GCHP. Describe your current outreach and engagement strategies. If your organization provides violence prevention services, describe any specialized referral processes or engagement strategies for these services. Estimated Member Capacity: Describe the estimated number of GCHP members your organization can serve related to CHW services. <p>Applicant Response:</p>

Section	Requirements	Questions for Prospective Providers
Required Area 1C	Documentation Requirements <ul style="list-style-type: none"> • CHWs are required to document the following: Security features that would protect PHI / PII. • Management of member consent for services. • Management of documents for services provided to member under 21 years of age. • Dates and time / duration of services provided to members. 	<p>Describe your document management system and processes. In your description, please describe:</p> <ul style="list-style-type: none"> • Security features that would protect PHI / PII. • Management of member consent for services. • Management of documents for services provided to member under 21 years of age. • Document the dates and time / duration of services provided to members. <p>Applicant Response:</p>
Required Area 1D	Plan of Care CHWs must collaborate with a member's care team to develop a written care plan. In some instances, the CHW may take a lead role in drafting the plan of care.	<p>Describe your experience in care plan development and ongoing management. In addition to this narrative, please submit:</p> <ul style="list-style-type: none"> • A care plan template. • Policy or procedure on care plan development and management. • Policy or procedure on oversight and monitoring of care plan by a supervising provider. <p>Applicant Response:</p>

Section	Requirements	Questions for Prospective Providers
Required Area 1E	<p>Covered CHW Services including Violence Prevention Services and Provider Staffing</p> <p>Please indicate which of the following services you currently provide or are planning to provide to GCHP members (check all that apply):</p> <ol style="list-style-type: none"> 1. <input type="checkbox"/> Violence Preventative Services: CHW services available to members who meet any of the following circumstances: member has been violently injured as a result of community violence; member is at significant risk of experiencing violent injury as a result of community violence; member has experienced chronic exposure to community violence. 2. <input type="checkbox"/> 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. 3. <input type="checkbox"/> 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 4. <input type="checkbox"/> 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. 5. <input type="checkbox"/> 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. 	<ol style="list-style-type: none"> 1. Briefly describe how your organization currently provides these services or intends to provide these services in future. 2. What is your current capacity for CHW services? 3. How do you plan to increase capacity to serve additional members over the next 12 months? 4. Describe any activities that you currently subcontract or refer out to an outside provider. Please provide specifics on how you work with any subcontractors to supplement in-house services. 5. Does your organization provide services both in-person and virtual? If so, describe how your organization manages both in-person and virtual services for members. If not, describe your plan to provide both in-person and virtual services for members in the next 12 months. 6. Would you need technical assistance from GCHP, and if so, with which specific service(s) / activities? <p>Applicant Response:</p>

Section	Requirements	Questions for Prospective Providers
<p>Required Area 1F</p>	<p>Billing, Claims, and Payments</p> <p>CHW supervising provider shall record, generate, and send a claim to GCHP for CHW services rendered in the standard format (837 file) OR shall send an invoice to GCHP in the DHCS-specified Excel format. CHW provider must have documentation of CHW services referral to receive payment for the provision of services. CHW provider must have a mechanism in place to accept payment from GCHP for services authorized and rendered.</p> <p>Providers must not double bill, as applicable, for CHW services that are duplicative to services that are reimbursed through other benefits such as ECM, which is inclusive of the services within the CHW benefit. Therefore, providers must not bill for CHW services and ECM for the same member for the same time period.</p>	<ol style="list-style-type: none"> 1. Describe your current process for recording, generating, and submitting claims or invoices for payment of services rendered. Indicate any relevant electronic systems or platforms you currently use. 2. If you do not have a current process, indicate how you plan to submit claims or invoices for the CHW service(s) you are interested in providing. What assistance do you need from GCHPs to develop this process? 3. Describe ability to document the dates, time / duration of services, nature of services provided and support the length of time spent with the beneficiary on the day appointment is completed. 4. Describe your ability to prevent duplicate billing. <p>Applicant Response:</p>
<p>Required Area 1G</p>	<p>Data Sharing to Support CHW</p> <ol style="list-style-type: none"> 1. File data exchange <ol style="list-style-type: none"> a. Potentially qualified members b. Assigned members' PHI c. Program status response 4. Reporting <ol style="list-style-type: none"> a. Member outreach and engagement b. DHCS required supplemental report(s) 3. Privacy and Security requirements <ol style="list-style-type: none"> a. HIPAA b. 42 CFR Part 2 	<ol style="list-style-type: none"> 1. Describe your organization's ability to transfer data and reports with GCHP via SFTP site or other secure data exchange mechanism to support service delivery. 2. Describe what data exchange platforms your organization currently uses. 3. Describe how you currently meet HIPAA and, if applicable, 42 CFR Part 2 Privacy and Security requirements to provide services and prevent data breaches. 4. Describe whether and, if so, how you contribute required information to supplemental reports required by DHCHW (e.g., quarterly CHW Implementation Monitoring Report). 5. If you do not have a current process, describe how you plan to meet this requirement and what assistance you may need from GCHP. <p>Applicant Response:</p>

Section	Requirements	Questions for Prospective Providers
<p>Required Area 1H</p>	<p>Provider Capabilities and Best Practices</p>	<ol style="list-style-type: none"> 1. How long has your organization been providing CHW services? 2. Describe your organization's ability / experience with providing services to: <ul style="list-style-type: none"> • Members with one or more chronic health conditions (including behavioral health) or exposure to violence and trauma. • Members at risk for a chronic health condition or environmental health exposure. • Members who face barriers in meeting their health or health-related social needs. • Members who would benefit from preventive services. 3. How does your organization address potential gaps in service coverage due to staff absence? <p>Applicant Response:</p>
<p>Required Area 1I</p>	<p>Monitoring and Oversight</p> <p>CHW provider must cooperate with GCHP oversight and monitoring activities to ensure meeting they are meeting CHW requirements. CHW provider must comply with GCHP monitoring activities including required reporting, audits, and corrective action, among other oversight activities.</p> <p>Supervising provider must have the ability to certify and track CHW's required training.</p>	<ol style="list-style-type: none"> 1. Describe your experience being monitored and overseen by another entity. 2. Describe internal audits you perform to ensure adherence to contract requirements. 3. Does your organization have any instance of fraud, waste, and abuse or other criminal charges in the last five years? If so, please provide a brief description of the instance. 4. Describe how you will certify, provide oversight and monitor the activities of your CHW workers to ensure they meet certification and training requirements. <p>Applicant Response:</p>



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