



New Covered Benefit: Community Health Worker (CHW) Services

At Alameda Alliance for Health (Alliance), we value our dedicated provider partners and appreciate all of the hard work you do to protect the health and well-being of our community. We have an important update we want to share with you.

Effective **Friday, July 1, 2022**, community health worker (CHW) services became a new Medi-Cal covered benefit. According to the California Department of Health Care Services (DHCS), CHW services are preventive health services designed to prevent disease, disability, and other health conditions or their progression; prolong life, and promote physical and mental health. CHWs may include individuals known by several job titles, such as promotores, community health representatives, navigators, 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 to provide health care equity through culturally competent services.

The CHW's supervising provider must be a licensed provider, hospital, outpatient clinic, local health jurisdiction (LHJ), or community-based organization (CBO). The entity must be contracted with the Alliance and all CHW supervising providers will need to be credentialed by the Alliance. **Supervising providers must submit a completed Community Health Worker (CHW) Supervising Provider Attestation Form included in this notice.** Supervising providers must be enrolled in fee-for-service (FFS) Medi-Cal, if applicable. Supervising providers can enroll in Medi-Cal through the PAVE Provider Portal at <https://pave.dhcs.ca.gov/sso/login.do>.

Once the Alliance approves the attestation form through our credentialing process, providers can start getting reimbursed for these services on or after their effective date.

The following CPT codes may be used for the services listed below by the supervising provider when submitting claims for CHW services:

CPT Code	Description	Duration	Number of Patients	Maximum Units	Rate
98960	Self-management education and training, face-to-face.	30 minutes	1	4 per day, 12 per calendar year	\$26.66
98961	Self-management education and training, face-to-face.	30 minutes	2-4		\$12.66
98962	Self-management education and training, face-to-face.	30 minutes	5-8		\$9.46

Required allowed modifier:

Allowed Modifier	Description
U2	Used to denote services rendered by the community health worker

Thank you for your continued partnership and for providing high-quality care to our members and community. Together, we are creating a healthier community for all.

Questions? Please call the Alliance Credentialing Department
Monday – Friday, 7:30 am – 5 pm
Phone Number: **1.510.747.6176**
www.alamedaalliance.org



Community Health Workers (CHW) Supervising Provider Attestation Form

If for any reason you are not able to attest to the following, please provide a detailed explanation on a separate sheet. Please update this required form if there are any changes to the supervision of a community health worker (CHW) or when a new CHW is added.

INSTRUCTIONS

1. For each CHW providing services under a supervising provider, all fields in this form must be completed, signed, and dated by the supervising provider and CHW.
2. Please print clearly, or type in all of the fields below.
3. Please submit the completed form to the Alliance Credentialing Department via fax at **1.510.747.4176** or email to **distgrpCredentialing@alamedaalliance.org**.

For questions, please call the Alliance Credentialing Department at **1.510.747.6176**.

PART I: Supervising Provider Requirements

Supervision provider requirements:

- ☐ I am an Alliance in-network provider
- ☐ I am enrolled in fee-for-service (FFS) Medi-Cal, if applicable.
- ☐ I attest that I represent one (1) or more of the following entities:
 - ☐ Licensed provider
 - ☐ Hospital
 - ☐ Outpatient clinic
 - ☐ Local health jurisdiction (LHJ)
 - ☐ Community-based organization (CBO)

I certify that the supervised CHW has the requirements and minimum qualifications and will provide records of the following documents if audited:

- ☐ Written plan of care for the CHW providing services as outlined in All Plan Letter APL 22-016. For a copy, please visit the Alliance website at **www.alamedaalliance.org**.
- ☐ Members' plan of care reviewed at least every six (6) months.
- ☐ Supervising provider evidence of CHW experience.
- ☐ CHW's work experience Pathway.
- ☐ CHW completed the annual minimum of six (6) hours of additional training.

The CHW is certified in one (1) or more of the areas listed below:

- ☐ *Training in the following areas: violence prevention certification, 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.*

PART II: Signatures	
Supervising Provider Signature:	
Supervising Provider Print Name:	Date:
Supervising Provider NPI:	
Billing Provider TAX ID:	Billing Provider NPI:
Community Health Worker Signature:	
Community Health Worker Print Name:	Date: