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CHW Summary
June 2025

CHANGES TO CHW BENEFIT FACILITATE ACCESS TO THIS CRITICAL SUPPORT

In April 2025, the California Department of Health Care Services (DHCS) released a statewide "standing recommendation" for the Medi-Cal Community Health Worker (CHW) benefit. In this notification, the department summarizes its standing recommendation:

> *DHCS has determined that Medi-Cal members who meet the defined eligibility criteria to receive CHW services as listed below would benefit from receiving up to six hours annually of Medi-Cal covered CHW services from a CHW operating under the supervision of an enrolled Medi-Cal provider. CHWs who use this standing recommendation for Medi-Cal members should note the standing recommendation and the member's eligibility criteria in their records.[1]*

A significant benefit of this standing recommendation is that community-based organizations that provide CHW services but do not employ or contract with licensed practitioners (e.g., physician, nurse practitioner, licensed clinical social worker, etc.) can use the standing recommendation to provide up to six hours of care without establishing an arrangement with a licensed provider to provide such a recommendation.

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[1] California Department of Health Care Services. (2025, April). Recommendations for Community Health Workers (CHW) Services for Eligible Medi-Cal Members. Retrieved from https://www.dhcs.ca.gov/services/medi-cal/Documents/Standing-Recommendation-for-CHW-Services.pdf

Background

In July 2022, DHCS added the CHW benefit to the Medi-Cal fee schedule.[2] CHW services are considered preventive services that help mitigate or manage disease, disability, and/or other health conditions.[3]
Eligibility for the CHW benefit is broad, Medi-Cal members must meet at least one of the following criteria:

- Diagnosis of one or more chronic health conditions or a suspected behavioral health disorder that has not been diagnosed
- Member expressed need for health care system navigation support
- Need for recommended preventive service
- Presence of medical indicators of rising risk of chronic disease
- Positive Adverse Childhood Events (ACEs) screening
- Presence of known risk factors (e.g., intimate partner violence, tobacco use)
- Unmet health or social needs
- Various utilization indicators (e.g., one or more visits to the emergency department, one or more hospital stays, two or more missed medical appointments)

The CHW benefit allows for a broad range of services that fall within the following categories: health education, support navigating the health system and/or accessing community-based resources (including enrolling in or maintaining enrollment in government assistance and other programs), and screening and assessment that doesn't require licensure.[3] CHWs cannot provide services that duplicate another covered Medi-Cal service that is already being delivered to a Medi-Cal member (e.g., Enhanced Care Management).

CHW Standing Recommendation

To meet federal requirements, preventive services such as those delivered by a CHW, must have a written recommendation provided by a physician or other

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[2] California Department of Health Care Services. (2025, April). Medi-Cal Coverage of Community Health Worker (CHW) Services is Effective July 1, 2022. Retrieved from https://mcweb.apps.prd.cammis.medi-cal.ca.gov/news/31781_01 on April 30, 2025.
[3] California Department of Health Care Services. Community Health Worker (CHW) Preventive Services [Provider Manual]. Retrieved from https://mcweb.apps.prd.cammis.medi-cal.ca.gov/assets/03BBA223-8762-4A94-A268-209510E15E37/chwprev.pdf?access_token=6UyVkRRfByXTZEWIh8j8QaYylPyP5ULO on April 30, 2025.

licensed practitioner.[4] The DHCS standing recommendation fulfills this requirement. This means that entities billing Medi-Cal for the CHW benefit do not need a licensed practitioner of the healing arts to recommend CHW services under the threshold of 12 units of services in a calendar year, the equivalent of six hours. Instead, a CHW may provide such services directly to those eligible.

Using the standing recommendation is relatively straightforward: CHWs should document in their records the recommendation and the patient or client's eligibility to receive CHW services. CHWs should also follow all other requirements associated with Medi-Cal CHW services as described in the DHCS CHW Provider Manual.[4]

How to Bill for CHW Services

CHWs should document dates and time/duration of services provided, including the nature of the service and how that supports service duration. No more than two hours (four units) of services can be provided daily, though additional care may be provided with prior authorization. Services must be provided face-to-face, either in-person or via telehealth. CHW supervising providers should verify Medi-Cal eligibility for the month of service; for members enrolled in Medi-Cal managed care, supervising providers should also confirm enrollment in a managed care plan.

Three CPT codes are used to bill Medi-Cal for CHW services provided in an individual or group setting:

- Services provided to a single member, each 30 minutes: 98960 ($26.66)
- Services provided to 2 – 4 members: 98961 ($12.66)
- Services provided to 5 – 8 members: 98962 ($9.46)

Community Health Integration Codes

In April 2025, DHCS also confirmed the addition of Community Health Integration (CHI) services that were adopted by Medicare in 2024. While these services are more narrowly focused - they must address unmet social determinants of health (SDOH) needs that affect the diagnosis and treatment of a member's medical

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[4] More information on requirements to become a CHW is available in the California Department of Health Care Services FAQ for Medi-Cal CHW Services – Provider Requirements [webpage]. Retrieved from https://www.dhcs.ca.gov/provgovpart/Pages/CHW-Qualifications-and-Supervising-Provider-Requirements-FAQ.aspx

problems – they are likely to still be relevant for a large proportion of the Medi-Cal population.

In addition to the focus on SDOH, a major distinction between the new CHI codes and the "traditional" CHW benefit codes are two new requirements for providers billing these codes. The first requirement is that CHI services **must have an initiating visit** with a licensed provider who can bill physical health clinical visit codes.[5] This visit must occur no longer than six months before the CHW codes are billed. Additionally, a treatment plan must be developed, regardless of the units of service that have been delivered (a treatment plan is required to bill the "traditional" CHW benefit codes only after 12 units of service have been delivered). The treatment plan should describe the general goals of care, the Medi-Cal member's needs that will be addressed with services and supports, and relevant diagnosis codes. The plan may be developed either by a CHW or by a licensed Medi-Cal provider. If developed by a CHW, it must be reviewed and approved by a licensed Medi-Cal provider, however the reviewing provider can be different from the provider who conducted the initiating visit.

CHI services are billed under the Medi-Cal CHW benefit through two new Healthcare Common Procedure Coding System (HCPCS) codes: G0019 and G0022.[6] These codes are billed in lieu of 98960 (e.g., entities cannot bill for both 98960 and a G code at the same time and are effective for dates of service on or after April 1, 2025. Medi-Cal reimbursement rates for these two codes have not yet been made available. The Medicare rate for these service ranges averages $82.83.[7] More information on the requirements to bill the CHI G codes is available in DHCS' *CHW Frequently Asked Questions for HCPCS codes G0019 and G0022*, available here.

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[5] The Medi-Cal Provider manual defines three sets of E&M codes that qualify for the initiating visit: office or other outpatient services - codes 99203 thru 99205 and 99213 thru 99215; home or residence services - codes 99342, 99344 thru 99345 and 99348 thru 993450; and preventive medicine services - codes 99381 thru 99387 and 99391 thru 99396.
[6] California Department of Health Care Services. Community Health Worker (CHW) Preventive Services [Provider Manual]. Retrieved from https://mcweb.apps.prd.cammis.medi-cal.ca.gov/assets/03BBA223-8762-4A94-A268-209510E15E37/chwprev.pdf?access_token=6UyVkRRfByXTZEWIh8j8QaYylPyP5ULO on April 30, 2025.
[7] Transform Health. (2024, August 27). CHW Reimbursement: Comparing Rates Nationally and in California. Retrieved from https://transformhc.com/chw-reimbursement-comparing-rates-nationally-and-in-california/ on June 18, 2025.

Resources

There are several DHCS resources that should be reviewed by organizations that already or wish to bill Medi-Cal for CHW services:

- Medi-Cal CHW Provider Manual (link)
- Medi-Cal Standing Recommendation (link)
- Medi-Cal CHW landing page for additional documents (link)