



An Advocate's Guide to Medi-Cal Services

December 2022

**Chapter XI:
Case Management and Related Community-Based Services**

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Outline of Medi-Cal Case Management and Related Community-Based Services*

- Case Management
 - Targeted Case Management and Similar Programs
 - Basic Case Management
 - Enhanced Care Management
- Community Supports
- Community Health Workers

*This is a non-exhaustive list of services. It may not include all available services.

This chapter describes Medi-Cal services that focus on coordination of services (including social services) and assistance to beneficiaries in accessing non-clinical services that help improve or maintain a beneficiary's health status. Many of these services are available in Fee-for-Service (FFS) Medi-Cal but managed care plans (MCPs) play a vital role in delivering coordinated services for their enrollees. As described throughout the chapter, case management and other community-based coordination services have been significantly expanded by the California Advancing and Innovating Medi-Cal (CalAIM) initiative.

A. Case Management

Case management services—sometimes called care management or care coordination—are “services which will assist individuals eligible under the plan in gaining access to needed medical, social, educational, and other services, but not the direct delivery of such services.”¹ They are exempt from the general federal Medicaid rules about statewideness and comparability.² This means that the state may limit case management to specific geographic areas and may target particular groups without making the service available to other Medi-Cal beneficiaries who have a comparable need for such services.³ Under federal law, beneficiaries do not have to agree to receive case management services, and Medi-Cal cannot condition receipt of other Medi-Cal-covered services on a beneficiary's agreement to participate in case management.⁴

Medi-Cal covers case management services through programs designed for beneficiaries enrolled in either Medi-Cal FFS or MCPs. For beneficiaries enrolled in Medi-Cal FFS, targeted case management services are available; for beneficiaries enrolled in MCPs, managed care plans must provide case management for all enrollees, and enhanced care management (ECM) for select populations and Community Support as a covered option.

1. Targeted Case Management and Similar Programs

Targeted case management is a Medi-Cal FFS benefit covered for all Medi-Cal-enrolled beneficiaries who fall within a Medi-Cal-defined eligible group. Under Medi-Cal, groups that are eligible to receive targeted case management include:⁵

- Children who are at risk for medical compromise due to various circumstances, including noncompliance with a prescribed medical regime, substance abuse, or abuse;
- Medically fragile individuals;
- Individuals at risk of institutionalization;
- Individuals in jeopardy of negative health or psychosocial outcomes; and
- Individuals with a communicable disease, including HIV or tuberculosis.

Targeted case management may be provided by counties or through community-based organizations under contract with counties.⁶ Targeted case management services include an assessment of the beneficiary's needs, the development of a comprehensive service plan, referral to providers for services, arranging of appointments and transportation, crisis assistance, and review and modification of the service plan.⁷

In addition to Medi-Cal's targeted case management program, beneficiaries can receive case management services pursuant to other programs. For example, Medi-Cal covers most case management services provided to Medi-Cal beneficiaries with developmental disabilities through regional centers and through other programs administered by the California State Department of Developmental Services (DDS).⁸ Case management is also a part of the services provided through California Children's Services—approved special care centers, and beneficiaries enrolled in home- and community-based service programs often receive case management through such programs.⁹ Finally, targeted case management is also available for beneficiaries receiving SMHS through county mental health plans (MHPs) and for beneficiaries with SUDs residing in counties participating in the Drug Medi-Cal Organized Delivery System (DMC-ODS) waiver program.¹⁰

2. MCP Case Management Responsibilities (Basic Case Management)

MCPs must ensure that their in-network primary care providers furnish at least basic case management services to each of their members. Such services

include health assessments and behavioral health assessments, identification of appropriate providers, member education on issues such as healthy lifestyles, and referral to appropriate community resources. Comprehensive case management for medically necessary services, including both basic and complex case management, is described in MCP contracts.¹¹ Further, the MCP contracts set forth requirements for Services for Children with Special Health Care Needs under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) mandate, which include case management and coordination of care.¹²

Plans must also provide complex case management to enrollees who have experienced a critical event or diagnosis that requires the extensive use of resources and who need help navigating the system to facilitate appropriate delivery of care and services.¹³ Such services include support from a multidisciplinary case management team and the development of care plans. In the case of Seniors and Persons with Disabilities (SPD), MCPs are specifically required to: ensure provision of treatment approaches that are collaborative and responsive to the SPD beneficiary's continuing health care needs; identify each SPD beneficiary's preferences and choices regarding treatments and services, and abilities; allow or ensure the participation of the SPD beneficiary, and any family, friends, and professionals of their choosing, to participate fully in any discussion or decisions regarding treatments and services; and ensure that SPD beneficiaries receive all necessary information regarding treatment and services so that they may make an informed choice.¹⁴

3. Enhanced Care Management

Medi-Cal recently started making improvements to case management services provided through MCPs. In 2022, DHCS launched the CalAIM program, which builds upon the plan-based Health Home Program and county-based whole-person care pilots that use whole-person care approaches to address underlying social determinants of health.¹⁵ The purpose of CalAIM is to address the complex needs of Medi-Cal's most vulnerable beneficiaries. CalAIM is meant to enhance care coordination, integration, and information exchange among MCPs. To achieve this purpose, CalAIM includes Enhanced Care Management (ECM) meant to provide additional support to MCP enrollees.

ECM is a Medi-Cal-covered benefit that provides comprehensive care management and coordination of health and health-related services to managed care beneficiaries with complex health needs.¹⁶ The ECM benefit will be phased in over time and available statewide through the managed care delivery system starting January 1, 2022.¹⁷ MCPs must proactively identify and offer ECM to their high-need, high-cost Members who meet the designated "Population of Focus" Criteria.¹⁸ Recipients of ECM will be assigned a Lead Care Manager, who will assume primary responsibility for care coordination, including collaboration with providers across various delivery systems and other

care managers who may operate in a more limited scope.

ECM Populations of Focus consist of the following:

- Individuals and families who are experiencing homelessness and have at least one health condition that they cannot self-manage;¹⁹
- Adults, youth, and children who are high utilizers of certain high-cost services, such as emergency departments and inpatient settings;²⁰
- Adults with a serious mental illness (SMI) or SUD;²¹
- Children and youth with serious emotional disturbance or at a high clinical risk for psychosis;²²
- Adults and youth transitioning from incarceration;²³
- Adults living in the community who are at risk for institutionalization;²⁴
- Adult nursing facility residents who are transitioning to the community;²⁵
- Children and youth enrolled in California Children's Services (CCS) who have additional needs beyond CCS;²⁶ and
- Children and youth involved in or previously involved in child welfare (including former foster youth up to age 26).²⁷

ADVOCACY TIP:

- ✓ ECM substitutes the Health Homes Program (HHP) and Whole Person Care (WPC) Pilots. Across California, 25 counties participated in these demonstrations approved through Section 1115 of the Medicaid Act in the case of WPC and through a State Plan Amendment in the case of HHP. Beneficiaries residing in counties that were participating in these previous programs were eligible for and automatically transitioned to ECM on January 1, 2022.

The ECM benefit offers seven core services for all Populations of Focus:

1. Outreach and Engagement²⁸
2. Comprehensive Assessment and Care Management Plan²⁹
3. Enhanced Coordination of Care³⁰
4. Health Promotion³¹
5. Comprehensive Transitional Care³²
6. Member and Family Supports³³
7. Coordination of and Referral to Community and Social Support Services³⁴

MCPs are responsible for coordinating ECM services. MCPs may contract with a wide range of providers, and they are encouraged to draw on beneficiaries' pre-existing relationships when building an ECM care team. Whenever possible, ECM is provided through in-person interaction in places where beneficiaries and their families or support networks live, seek care, and prefer to access covered services.³⁵

ECM providers may include, but are not limited to:³⁶

- Counties;
- Behavioral health providers;
- Primary care providers (PCPs);
- Federally qualified health centers (FQHCs);
- Community health centers;
- Hospitals or hospital-based physician groups or clinics (including public hospitals and district and/or municipal public hospitals);
- Rural health clinics;
- Local health departments;
- Indian Health Service programs;
- Behavioral health entities;
- Community mental health centers;
- SUD treatment providers;
- Organizations serving individuals experiencing homelessness;
- Community-based adult services (CBAS) providers;
- In-home supportive services (IHSS) providers;
- Organizations serving justice-involved individuals;
- California Children's Services (CCS) providers; and
- Other community-based organizations

ECM providers must enroll as Medi-Cal providers if there is a state-level enrollment pathway for them to do so. However, many ECM and Community Supports providers (e.g., housing agencies, medically tailored meal providers) may not have a corresponding state-level enrollment pathway and, therefore, are not required to enroll in Medi-Cal.³⁷

B. Community Supports

Through CalAIM, California also added Community Supports, or in-lieu of services (ILOS).³⁸ Community Supports are community-based services or settings that MCPs may offer as alternatives to those covered under the California Medicaid State Plan.³⁹ Community Supports are designed to help managed care beneficiaries meet social needs, such as housing, food support, and community transition services.⁴⁰ Community Supports are optional for MCPs to offer and for beneficiaries to use. MCPs cannot require their members to use a Community Support instead of a State-plan covered service.⁴¹

DHCS strongly encourages MCPs to offer some or all of the following Community Supports:

- Housing Search and Transition Navigation Services;⁴²
- Housing Deposits;⁴³
- Housing Tenancy and Sustaining Services;⁴⁴
- Short-Term Post-Hospitalization Housing;⁴⁵
- Recuperative Care After Hospitalization (Medical Respite);⁴⁶

- Respite Services for Caregivers;⁴⁷
- Home and Community-Based Habilitation Programs;⁴⁸
- Nursing Facility Transition / Diversion to Assisted Living Facilities, such as Residential Care Facilities for the Elderly (RCFE) and Adult Residential Facilities (ARF);⁴⁹
- Community Transition Services / Nursing Facility Transition to a Home;⁵⁰
- Personal Care and Homemaker Services;⁵¹
- Home Modifications to Improve Accessibility;⁵²
- Medically Tailored Meals / Medically-Supportive Food;⁵³
- Sobering Centers;⁵⁴ and
- Home Modifications for Asthma Remediation.⁵⁵

In order to offer a Community Support, MCPs must obtain State approval. To be approved, the MCP must show that the service is voluntary, medically-appropriate, and cost-effective, and has a clearly defined population and criteria, among other requirements.⁵⁶ Once DHCS approves the Community Support, it will be added to the MCP's contract and posted on the DHCS website at <https://www.dhcs.ca.gov/Pages/ECMandILOS.aspx>. MCPs may add additional Community Supports every six months and remove previously-offered services annually.⁵⁷

C. Community Health Workers

Community health workers (CHWs) services are Medi-Cal covered preventive health services.⁵⁸ CHW services are coordinated preventive health services that address a variety of concerns, including the control and prevention of chronic conditions or infectious diseases, behavioral health conditions, and the need for preventive services.⁵⁹ They are generally provided by frontline public health workers who may come from the community they serve or have an intimate understanding and trusting relationship with the communities they serve.⁶⁰

CHWs help link beneficiaries to health and social services with the goal of improving the overall quality of services delivered.⁶¹ CHWs encompass individuals with the following titles: promotores, community health representatives, navigators, and other nonlicensed public health workers, including violence prevention professionals.⁶² CHWs must have lived experience that aligns with and provides a connection between the CHW and the population they serve, such as 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 traits such as race, ethnicity, or sexual orientation and having lived/worked in the same geographic community.⁶³

Medi-Cal covers CHW services for all eligible beneficiaries on the written recommendation of a physician or other licensed practitioner of the healing

arts acting within their scope of practice under state law.⁶⁴ CHW services can help beneficiaries obtain perinatal care, preventive care, sexual and reproductive care, and oral care; address environmental and climate-sensitive health issues; and access aging, injury, and domestic violence or other violence prevention services.⁶⁵

A beneficiary can receive CHW services if medically necessary, as determined by a recommending provider.⁶⁶ Typically, an enrollee can meet the medical necessity if the enrollee has 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 meeting their health or health-related social needs, and/or who would benefit from preventive services.⁶⁷ CHW services are also available to beneficiaries with mental health issues and/or SUDs.⁶⁸

Beneficiaries receiving CHW services must have a “Plan of Care,” a written document that describes the supports and services the CHW, and potentially other licensed care providers, furnish to address the ongoing needs of a beneficiary.⁶⁹ The Plan of Care must be developed by one or more licensed providers and must:⁷⁰

- Specify the condition that the service is being ordered for and be relevant to the condition;
- Include a list of other health care professionals providing treatment for the condition or barrier;
- Contain written objectives that specifically address the recipient’s condition or barrier affecting their health;
- List the specific services required for meeting the written objectives; and
- Include the frequency and duration of CHW services (not to exceed the provider’s order) to be provided to meet the care plan’s objectives.

CHWs can assist with the Plan of Care’s development, and the provider ordering the Plan of Care does not need to be the same provider that initially recommended or supervises the CHW.⁷¹ A licensed provider must review the Plan of Care at least every six months from its effective date and determine whether progress is being made toward the planned objectives.⁷² The licensed provider should determine whether services are still medically necessary, there is a significant change in the beneficiary’s condition, and it is necessary to amend the plan or discontinue services.⁷³ CHWs must also adhere to certain documentation requirements, such as recording the date and time of services, the nature of the services, and the duration of those services.⁷⁴

Covered CHW services consist of: health education, health navigation, screening and assessment, and individual support or advocacy.⁷⁵ Health education consists of providing information or instruction on health topics that promote the enrollee’s health or address barriers to physical and mental health care.⁷⁶

Health navigation consists of a CHW providing information, training, referrals or support to enrollees when assessing healthcare or connecting to community health resources.⁷⁷ A CHW providing screening and assessment services consists of connecting the enrollee to appropriate services that would improve their health.⁷⁸ A CHW may also provide individual support or advocacy to assist an enrollee in preventing a health condition or preventing injury or violence.⁷⁹

A CHW may also provide violence prevention services and asthma preventive services. CHW violence preventive services consist of a CHW providing evidence-based, trauma-informed, and culturally responsive preventive services to help reduce the incidence of violent injury and trauma and promote trauma recovery to improve health outcomes.⁸⁰ A beneficiary can receive violence preventive services if the beneficiary has been injured as a result of community violence; a licensed health care provider has determined that the beneficiary is at significant risk of experiencing injury as a result of community violence; or the beneficiary has experienced chronic exposure to community violence.⁸¹ CHWs may provide CHW services to individuals with asthma, but evidence-based asthma self-management education and asthma trigger assessments may only be provided by certified asthma preventive service providers.⁸²

CHW services do not include the following:

- Any services that require a license to be provided, including clinical case management/care management that requires a license
- Childcare
- Chore services, including shopping and cooking meals
- Companion services
- Employment services
- Helping a beneficiary enroll in government or other assistance programs that are not related to improving their health as part of a Plan of Care
- Delivery of medications, medical equipment, or medical supplies
- Personal care services/homemaker services
- Respite care
- Services that duplicate another covered Medi-Cal service already being provided to a beneficiary
- Socialization
- Transportation

ADVOCACY TIP:

- ✓ CHW services may be provided to the legal guardian or parent of beneficiaries under the age of 21 for the direct benefit of the beneficiaries, as recommended by a licensed provider. Such services must be billed under the beneficiaries' Medi-Cal ID (i.e., not the parent or legal guardian's Medi-Cal ID).⁸³

For CHW services to be covered, a CHW supervising provider must submit claims for services.⁸⁴ A supervising provider must also ensure that a CHW meets

the necessary qualifications and oversees a CHW and the services delivered to the enrollees.⁸⁵ The supervising provider can be a licensed provider, clinic, hospital, community-based organization, or local health jurisdiction.⁸⁶ MCPs who have network providers and subcontractors who provide CHW services must develop and submit policies and procedures to ensure such providers have the appropriate training, qualifications, and supervision.⁸⁷

In 2022, California Governor Gavin Newsom signed AB 2697 into law that codified the requirement that CHW services be a covered Medi-Cal benefit.⁸⁸ This law requires a Medi-Cal managed care plan to engage in outreach and education efforts to enrollees.⁸⁹ In addition, the law requires the department, through existing and regular stakeholder processes, to inform stakeholders about, and accept input from stakeholders on, implementation of the community health worker services benefit.⁹⁰

CHW services are essential to achieving health equity and justice. Health disparities occur when people do not have access to health and social service providers who speak their language, relate to their lived experiences, or understand the daily obstacles they must navigate in achieving health and well-being. Incorporating CHW services into Medi-Cal would help address health disparities, since CHWs would fill in that link to provide culturally humble, linguistically appropriate, experientially informed essential services to assist communities in navigating these obstacles and receiving needed health resources.

Endnotes

¹ 42 U.S.C. §§ 1396d(a)(19), 1396n(g)(2)(A)(i)–(iii). Contacts with individuals who are not eligible for Medicaid (or in the case of targeted case management, a Medicaid-eligible individual who is not in the target population) do not count as case management unless the purpose of the contact is directly related to managing the eligible individual's care. 42 U.S.C. § 1396n(g)(3); 42 C.F.R. § 440.169(e).

² 42 U.S.C. § 1396n(g)(1).

³ 42 U.S.C. § 1396n(g)(2)(B).

⁴ 42 C.F.R. § 441.18(a)(3).

⁵ Cal. Dep't Health Care Servs., *Targeted Case Management: Program Overview*, https://www.dhcs.ca.gov/provgovpart/Documents/ACLSS/TCM/TCM_FactSheet_01212016.pdf.

- ⁶ CAL. CODE REGS. tit. 22, § 51351.1.
- ⁷ CAL. WELF. & INST. CODE § 14132.44(k); CAL. CODE REGS. tit. 22, § 51351(a); 42 U.S.C. § 1396n(g)(2)(A)(ii).
- ⁸ CAL. WELF. & INST. CODE § 14132.48(a)–(b).
- ⁹ Cal. Dep’t Health Care Servs., California Children’s Services: Program Overview, <https://www.dhcs.ca.gov/services/ccs/Pages/ProgramOverview.aspx> (last visited Dec. 7, 2022); Cal. Dep’t Health Care Servs., Home & Community-Based Alternatives, [https://www.dhcs.ca.gov/services/ltc/Pages/Home-and-Community-Based-\(HCB\)-Alternatives-Waiver.aspx](https://www.dhcs.ca.gov/services/ltc/Pages/Home-and-Community-Based-(HCB)-Alternatives-Waiver.aspx) (last visited Dec. 7, 2022).
- ¹⁰ CAL. WELF. & INST. CODE §§ 14132.48(c), 14021.3. See also CAL. CODE REGS. tit. 9, § 1810.247(c).
- ¹¹ Cal. Dep’t Health Care Servs., *MCP Boilerplate Contract*, Exhibit A, Attachment 11, <https://www.dhcs.ca.gov/provgovpart/Pages/MMCDBoilerplateContracts.aspx> [hereinafter *MCP Boilerplate Contract*]. See also Cal. Dep’t Health Care Servs., All Plan Letter 20-012 at 2 (May 15, 2020), <https://www.dhcs.ca.gov/services/Documents/APL-20-012.pdf>.
- ¹² *MCP Boilerplate Contract*, *supra* note 11, at Exhibit A, Attachment 11.
- ¹³ *Id.*
- ¹⁴ *Id.*
- ¹⁵ Jonah P.B. Frohlic, Kevin Casey McAvey & Jonathan DiBello, Manatt Health, *CalAIM and Health Data Sharing: A Roadmap for Effective Implementation*, (May 5, 2021), <https://www.manatt.com/insights/white-papers/2021/calaim-and-health-data-sharing-a-roadmap-for-effec>.
- ¹⁶ See Cal. Dep’t Health Care Servs., All Plan Letter 21-012 (Sept. 15, 2021), <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2021/APL21-012.pdf> [hereinafter All Plan Letter 21-012]; see also Cal. Dep’t Health Care Servs., CalAIM Enhanced Care Management, Community Supports, and Incentive Payment Program Initiatives, <https://www.dhcs.ca.gov/enhancedcaremanagementandinlieuofservices> (last visited Dec. 5, 2022) [hereinafter CalAIM Enhanced Care Management, Community Supports, and Incentive Payment Program Initiatives].
- ¹⁷ All Plan Letter 21-012, *supra* note 16, at 2.
- ¹⁸ *Id.* at 6, Attachment 1.
- ¹⁹ Cal. Dep’t Health Care Servs., *CalAIM Enhanced Care Management Policy Guide* 8 (May 2022), <https://www.dhcs.ca.gov/Documents/MCQMD/ECM-Policy-Guide-Updated-May-2022-v2.pdf> [hereinafter *ECM Policy Guide*].
- ²⁰ *Id.* at 10.
- ²¹ *Id.* at 11.

- ²² Cal. Dep't Health Care Servs., *California Advancing & Innovating Medi-Cal (CalAIM) Proposal* 45–46, 145–50 (Jan. 2021), <https://www.dhcs.ca.gov/provgovpart/Documents/CalAIM-Proposal-Updated-1-8-21.pdf> [hereinafter *CalAIM Proposal*]; Cal. Dep't Health Care Servs., *Factsheet: California Advancing and Innovating Medi-Cal (CalAIM) Enhanced Care Management 2*, <https://www.dhcs.ca.gov/CalAIM/Documents/CalAIM-ECM-a11y.pdf> (last visited Nov. 10, 2022) [hereinafter *CalAIM ECM Factsheet*]. Additional guidance on the children and youth ECM Populations of Focus is forthcoming. See *ECM Policy Guide*, *supra* note 19, at 23.
- ²³ *ECM Policy Guide*, *supra* note 19, at 13.
- ²⁴ *Id.* at 16.
- ²⁵ *Id.* at 20.
- ²⁶ *CalAIM Proposal*, *supra* note 22, at 45–46, 145–50; *CalAIM ECM Factsheet*, *supra* note 22, at 2.
- ²⁷ *CalAIM Proposal*, *supra* note 22, at 45–46, 145–50; *CalAIM ECM Factsheet*, *supra* note 22, at 2.
- ²⁸ *ECM Policy Guide*, *supra* note 19, at 24–25.
- ²⁹ *Id.* at 25–26.
- ³⁰ *Id.* at 26–27.
- ³¹ *Id.* at 27.
- ³² *Id.* at 27–28.
- ³³ *Id.* at 28–29.
- ³⁴ *Id.* at 29.
- ³⁵ Cal. Dep't Health Care Servs., *CalAIM Data Guidance: Billing and Invoicing between ECM/ Community Supports Providers and MCPs*¹ (Jan. 2022), <https://www.dhcs.ca.gov/Documents/MCQMD/ECM-and-Community-Supports-Billing-and-Invoicing-Guidance.pdf>.
- ³⁶ Cal. Dep't Health Care Servs., *CalAIM Enhanced Care Management and Community Supports FAQ* 4–5 (last updated Aug. 23, 2022), <https://www.dhcs.ca.gov/Documents/MCQMD/ECM-Community-Supports-FAQ.pdf>.
- ³⁷ *ECM Policy Guide*, *supra* note 19, at 39–40.
- ³⁸ For the provision of federal regulations authorizing Community Supports, see 42 C.F.R. § 438.3(e)(2). For the state statutory authority, see CAL. WELF. & INST. CODE § 14184.206.
- ³⁹ Cal. Dep't Health Care Servs., *Medi-Cal Community Supports, or In Lieu of Services (ILOS), Policy Guide* 3 (Aug. 2022), <https://www.dhcs.ca.gov/Documents/MCQMD/DHCS-Community-Supports-Policy-Guide.pdf> [hereinafter *Community Supports Policy Guide*].

- ⁴⁰ CalAIM Enhanced Care Management, Community Supports, and Incentive Payment Program Initiatives, *supra* note 16.
- ⁴¹ *Community Supports Policy Guide*, *supra* note 39, at 3.
- ⁴² *Id.* at 8–13.
- ⁴³ *Id.* at 14–16.
- ⁴⁴ *Id.* at 17–22.
- ⁴⁵ *Id.* at 23–26.
- ⁴⁶ *Id.* at 27–30.
- ⁴⁷ *Id.* at 31–33.
- ⁴⁸ *Id.* at 34–36.
- ⁴⁹ *Id.* at 37–39.
- ⁵⁰ *Id.* at 40–42.
- ⁵¹ *Id.* at 43–44.
- ⁵² *Id.* at 45–47.
- ⁵³ *Id.* at 48–49.
- ⁵⁴ *Id.* at 50–51.
- ⁵⁵ *Id.* at 52–55.
- ⁵⁶ *Id.* at 61; *see also* 42 C.F.R. § 438.3.
- ⁵⁷ *Community Supports Policy Guide*, *supra* note 39, at 4.
- ⁵⁸ 42 C.F.R. § 440.130(c)(1)–(3); CMS, Approval Letter for Cal. State Plan Amendment # 22-001 (July 26, 2022), <https://www.dhcs.ca.gov/formsandpubs/laws/Documents/SPA-22-0001-Approval.pdf>; Cal. Dep’t Health Care Servs., All Plan Letter 22-016 (Revised) 1 (Sept. 9, 2022), <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2022/APL22-016.pdf> [hereinafter All Plan Letter 22-016].
- ⁵⁹ All Plan Letter 22-016, *supra* note 58, at 1.
- ⁶⁰ *See* The Children’s P’ship, *Community Health Workers Advancing Child Health Equity* (2021), <https://childrenspartnership.org/wp-content/uploads/2021/06/TCP-Community-Health-Workers-Final-Single-Pages.pdf>.
- ⁶¹ All Plan Letter 22-016, *supra* note 58, at 1.
- ⁶² *Id.*
- ⁶³ *Id.*

⁶⁴ 42 C.F.R. § 440.130(c); Cal. Dep't Health Care Servs., *Community Health Worker Preventive Services 1* (updated July 2022), <https://files.medi-cal.ca.gov/pubsdoco/Publications/masters-MTP/Part2/chwprev.pdf>. Other health care practitioners who can recommend CHW services in their scope of practice include 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, licensed educational psychologists, licensed vocational nurses, and pharmacists.

⁶⁵ All Plan Letter 22-016, *supra* note 58, at 1.

⁶⁶ *Id.* at 5.

⁶⁷ *Id.* at 5.

⁶⁸ *Id.* at 9. Although CHWs may provide CHW services to Members with mental health and/or substance use disorders, CHW services do not include Peer Support Services. CHW and Peer Support Services are distinct services.

⁶⁹ Cal. Dep't Health Care Servs., *supra* note 64, at 1.

⁷⁰ *Id.* at 5.

⁷¹ *Id.* at 2.

⁷² *Id.*

⁷³ *Id.*

⁷⁴ All Plan Letter 22-016, *supra* note 58 at 7-8.

⁷⁵ Cal. Dep't Health Care Servs., *supra* note 64, at 2.

⁷⁶ *Id.*

⁷⁷ *Id.*

⁷⁸ *Id.*

⁷⁹ *Id.*

⁸⁰ *Id.* at 1.

⁸¹ *Id.* at 7.

⁸² *Id.* at 3.

⁸³ All Plan Letter 22-016, *supra* note 58, at 8.

⁸⁴ Cal. Dep't Health Care Servs., *supra* note 64, at 1.

⁸⁵ *Id.*

⁸⁶ *Id.* CHWs may be supervised by a CBO or LHJ that does not have a licensed provider on staff. Currently, community-based organizations cannot enroll as a fee for service provider and are only limited to providing services through contracts with managed care plans. As a result, fee for service billing is only available for services rendered to individuals enrolled in fee for service Medi-Cal by a licensed provider on staff.

⁸⁷ All Plan Letter 22-016, *supra* note 58, at 10-11.

⁸⁸ CAL. WELF. & INST. CODE § 14132.36.

⁸⁹ *Id.*

⁹⁰ *Id.*