



An Advocate's Guide to Medi-Cal Services

Updated December 2025

**Chapter XII: Care Coordination:
Case Management and Community Health Worker Services**

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Outline of Medi-Cal Care Coordination Services*

- A. Case Management
 - 1. Targeted Case Management and Similar Programs
 - 2. Population Health Management Program for MCPs
 - a. Basic Population Health Management
 - b. Complex Care Management
 - c. Enhanced Care Management
- B. 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. Some of these services are available in Fee-for-Service (FFS); however, managed care plans (MCPs) offer a more robust array of care management programs. As described throughout the chapter, case management and community health worker services have significantly expanded under the California Advancing and Innovating Medi-Cal (CalAIM) initiative.¹

A. Case Management

Case management services—sometimes called “care management” or “care coordination”—are “services which will assist individuals eligible under the [State] plan in gaining access to needed medical, social, educational, and other services, but not the direct delivery of such services.”² They are exempt from the general federal Medicaid rules about statewideness and comparability.³ 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.⁴ 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.⁵

Medi-Cal covers case management services for beneficiaries enrolled in either Medi-Cal FFS or MCPs. Targeted Case Management services are available to

certain high-needs populations enrolled in either Medi-Cal FFS or managed care. For managed care beneficiaries, the Population Health Management Program requires plans to provide case management for all enrollees, and Complex Case Management or Enhanced Care Management for select populations.

1. Targeted Case Management and Similar Programs

Targeted Case Management (TCM) is a Medi-Cal benefit covered for all beneficiaries who fall within a defined eligibility group. Under Medi-Cal, groups that are eligible to receive TCM include:⁶

- 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.

TCM is also available for beneficiaries receiving Specialty Mental Health Services (SMHS) through county behavioral health plans and for beneficiaries with substance use disorders (SUDs) residing in counties participating in the Drug Medi-Cal Organized Delivery System (DMC-ODS) waiver program.⁷

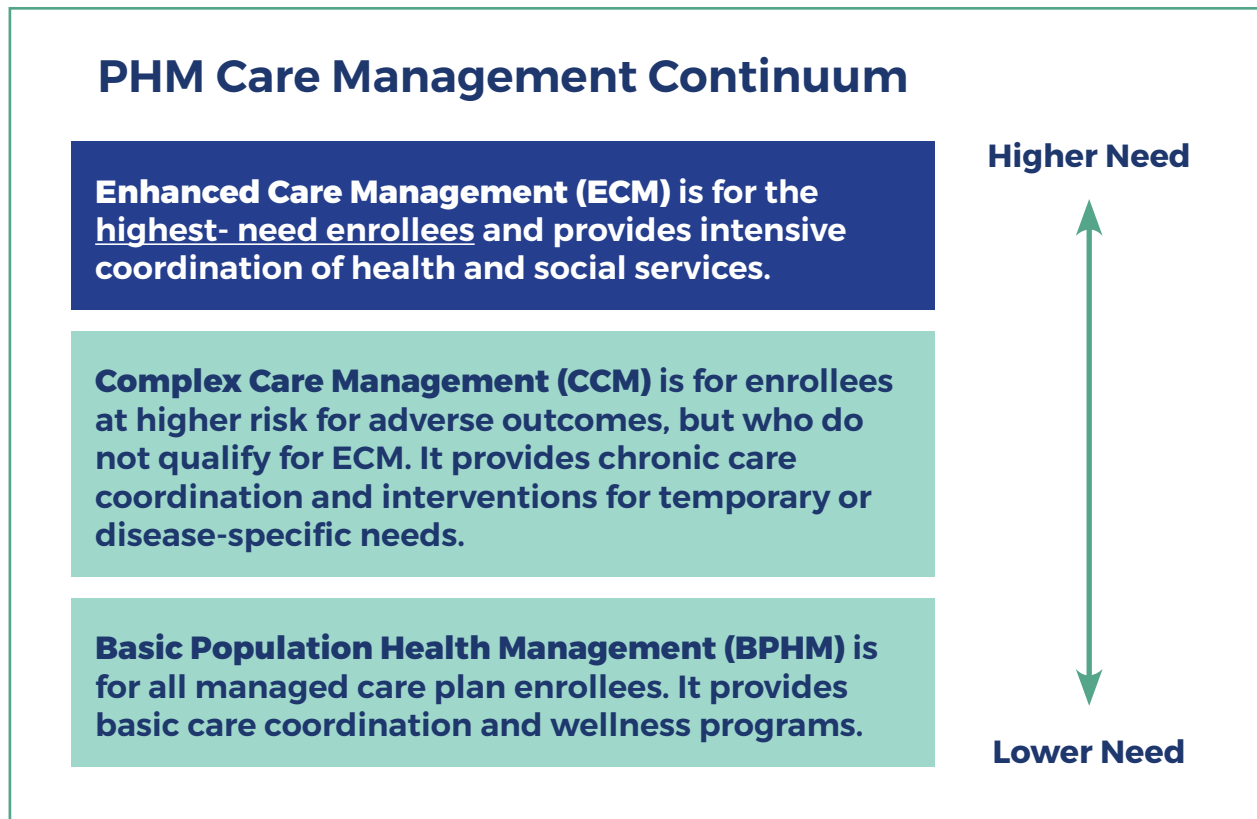
TCM may be provided by counties or through community-based organizations under contract with counties.⁸ TCM services include an assessment of the beneficiary's needs, development of a comprehensive service plan, referral to providers for services, arranging appointments and transportation, crisis assistance, and review and modification of the beneficiary's service plan.⁹

In addition to Medi-Cal's TCM 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).¹⁰ Case management is also a part of the California Children's Services (CCS) program, and approved special care centers and beneficiaries enrolled in home- and community-based service programs.¹¹

2. Population Health Management Program for MCPs

Medi-Cal MCPs are required to provide services to all of their members pursuant to the Population Health Management (PHM) Program.¹² Launched in January 2023 as a part of the CalAIM Initiative, the PHM Program provides managed care members with case management services at different levels of intensity based on enrollee need. All members receive Basic Population Health

Management; members with a higher level of need or certain health risk factors may receive Complex Care Management; and members with the highest level of need may receive Enhanced Care Management. This care management continuum, as illustrated in the following chart, is designed to provide enrollees with a comprehensive set of case management services that meets their individual needs and preferences.¹³



a. Basic Population Health Management

Basic Population Health Management (BPHM), which replaces DHCS’s previous “Basic Case Management” requirements, is a package of care management services that are available to all MCP members, regardless of their level of need.¹⁴ Under BPHM, MCPs must ensure that members have access to a primary care provider (PCP) and ensure that their PCP or other contracted entity provides basic care management services. This includes assessing members for needed services, assisting them with finding providers, facilitating closed loop referrals, and coordinating warm handoffs to other public benefit programs.¹⁵ MCPs are also required to provide comprehensive wellness and prevention programs, chronic disease management programs, and programs to improve maternal health outcomes and birth equity.¹⁶ Further, as with all PHM programs, MCPs must ensure that all children and youth under age 21 receive Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services, including all needed case management and care coordination services.¹⁷

b. Complex Care Management

Complex Case Management (CCM) is available to MCP members who need extra support to avoid adverse health outcomes, but who do not qualify for Enhanced Care Management.¹⁸ Under CCM, MCPs must ensure that each member receives a comprehensive assessment and is assigned a care manager, who will help develop and implement a care plan. In addition to all of the services available under BPHM, CCM also provides care coordination focused on chronic conditions, interventions for episodic or temporary needs, disease-specific management programs (e.g., for asthma or diabetes), and referral to Community Supports.¹⁹

c. Enhanced Care Management

Enhanced Care Management (ECM) provides comprehensive care management and coordination of health and health-related services to MCP members with the highest level of need.²⁰ Members are eligible for ECM if they meet DHCS's criteria for an ECM "Population of Focus."²¹ Notably, there are different criteria for adults (age 21 or older) and children and youth (under age 21). MCPs may not impose additional eligibility requirements beyond those outlined by the State.²²

ECM Populations of Focus consist of the following:

- Adults who are experiencing or at risk of homelessness and have at least one health condition that they cannot self-manage;²³
- Children, youth, and families with children or youth under age 21 who are experiencing or at risk of homelessness.²⁴
- Adults, children, and youth at risk for avoidable emergency department, hospital, or short-term skilled nursing facility stays;²⁵
- Adults with serious mental health or SUD needs, who have at least one social factor impacting their health, and who are at risk for avoidable emergency department, hospital, or inpatient stays;²⁶
- Children and youth with serious mental health or SUD needs;²⁷
- Adults transitioning from incarceration who have a mental health disorder, SUD, significant health condition, disability, HIV/AIDS, or who are pregnant or postpartum;²⁸
- Children and youth, and former foster youth up to age 26, transitioning from incarceration;²⁹
- Adults living in the community who are at risk for long-term care institutionalization;³⁰
- Adult nursing facility residents who are transitioning into the community;³¹
- Children and youth enrolled in California Children's Services (CCS) or CCS Whole Child Model (WCM) who have additional needs beyond their CCS condition;³²
- Children and youth involved in or recently involved in child welfare, including former foster youth up to age 26;³³ and
- Adults and youth who are pregnant or up to 12 months postpartum and who are subject to racial or ethnic health disparities.³⁴

MCPs must proactively identify and offer ECM to members who fall within these Populations of Focus. They must also accept self-referrals and referrals from health and social services providers and community-based organizations.³⁵

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.

The ECM benefit offers seven core services for all Populations of Focus:³⁶

1. Outreach and Engagement
2. Comprehensive Assessment and Care Management Plan³⁷
3. Enhanced Coordination of Care
4. Health Promotion
5. Transitional Care Services
6. Member and Family Supports
7. Coordination of and Referral to Community Supports and Social Support Services

MCPs are responsible for coordinating ECM services. MCPs must contract with a wide range of providers specializing in each of the specific Populations of Focus, and they are encouraged to draw on beneficiaries' pre-existing relationships when building an ECM care team.³⁸ 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.³⁹

ECM providers may include, but are not limited to:⁴⁰

- 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 (CBOs).

ECM providers must enroll as Medi-Cal providers if there is a state-level enrollment pathway for them to do so. However, some ECM providers (e.g., housing agencies) may not have a corresponding state-level enrollment pathway and, therefore, are not required to enroll in Medi-Cal.⁴¹

B. Community Health Worker Services

Community health worker (CHW) services are Medi-Cal covered coordinated preventive health services.⁴² CHWs are frontline public health workers who come from the community they serve or have an intimate understanding and trusting relationship with the communities they serve.⁴³ CHWs encompass individuals with the following titles: promotores, community health representatives, navigators, and other non-licensed public health worker titles, including, but not limited to, violence prevention professionals.⁴⁴ Their role is to help link beneficiaries to health and social services with the goal of improving the overall quality of services delivered.⁴⁵ CHWs must have lived experience that aligns with and provides a connection between the CHW and the population(s) they serve, such as experience related to incarceration, disability, foster care system involvement, homelessness, mental health conditions or substance use disorders, etc. Lived experience may also include shared traits such as race, ethnicity, or sexual orientation and having lived or worked in the same geographic community.⁴⁶

1. CHW Services

CHW services are coordinated preventive health services that help manage chronic conditions, infectious diseases, behavioral health conditions, and other health care needs.⁴⁷ CHW services can help Medi-Cal enrollees 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.⁴⁸

Covered CHW services include:

- **Health education**, which consists of providing information or instruction on health topics that promote the enrollee's health or address barriers to physical and mental health care;⁴⁹
- **Health navigation**, which consists of a CHW providing information, training, referrals or support to enrollees when assessing healthcare needs or connecting to community health resources;⁵⁰
- **Screening and assessment services**, which consists of connecting the enrollee to appropriate services to improve their health; and⁵¹
- **Individual support or advocacy**, which assists an enrollee with access to preventive services to avoid the onset or worsening of health condition(s) and preventing injury or violence.⁵²

CHWs also provide violence prevention services and asthma preventive services.⁵³ CHW services are covered through managed care or FFS coverage as individual or group sessions. The services may also be provided virtually or in-person with locations in any setting, including but not limited to, outpatient clinics, hospitals, homes, or community settings.⁵⁴

CHW services do not include the following:⁵⁶

- Any services that require a license, including clinical case management and care management that requires a license;
- Childcare;
- Chore services, including shopping and cooking meals;
- Companion services;
- Employment services;
- Helping with enrollment into government or other assistance programs that are not related to improving their health;
- 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; and
- Transportation.

ADVOCACY TIP:

- ✓ CHW services may be provided to the legal guardian or parent of enrollees under the age of 21 for the direct benefit of enrollees, as recommended by a licensed provider. Such services must be billed under the enrollees' Medi-Cal ID (i.e., not the parent or legal guardian's Medi-Cal ID).⁵⁵

CHW supervising providers must submit claims for services in order to be covered.⁵⁷ The supervising provider can be a licensed provider, outpatient clinic, hospital, community-based organization, local health jurisdiction (LHJ), a pharmacy, or a Local Educational Agency (LEA).⁵⁸ A supervising provider must also ensure that a CHW meets the necessary qualifications and oversees the services they provide to enrollees.⁵⁹ 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.⁶⁰ In some cases, CHWs may provide ECM services and CHW services to the same enrollee. However, they cannot double bill for CHW services that are duplicative of other covered benefits, like ECM services. Therefore, the supervising provider cannot submit a claim for both ECM and the CHW benefit for the same enrollee for the same time period.⁶¹

2. Medi-Cal Enrollee Eligibility Criteria for CHW Services

Medi-Cal covers CHW services for all eligible enrollees when recommended by a physician or other licensed practitioner of the healing arts acting within their scope of practice under state law.⁶² An enrollee can receive CHW services if medically necessary, as determined by the recommending provider.⁶³ CHW services are considered medically necessary if the enrollee has one or more chronic health conditions (including behavioral health), exposure to violence and trauma, is at risk for a chronic health condition or environmental health exposure, faces barriers meeting their health or health-related social needs, and/or would benefit from preventive services.⁶⁴ CHW services are also available to beneficiaries with mental health conditions and/or SUDs.⁶⁵

In 2025, DHCS released a standing recommendation stating that a written recommendation from a physician or other licensed practitioner of the healing arts is only required if it is recommended that the enrollee receive beyond 12 units (equivalent to 6 hours) of service.⁶⁶ If an enrollee is receiving beyond 12 units of service, there must be a written plan of care, which is a written document that describes the supports and services the CHW, and potentially other licensed care providers, are furnishing to address the ongoing needs of an enrollee.⁶⁷

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 currently supervises the CHW.⁶⁸ A licensed provider must review the plan of care at least every six months from its effective date to determine whether progress is being made toward the planned objectives.⁶⁹ The licensed provider should determine whether services are still medically necessary, there is a significant change in the enrollee's condition, and if it is necessary to amend the plan or discontinue services.⁷⁰ 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.⁷¹

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 optimal health and well-being. CHWs provide culturally humble, linguistically appropriate, experientially informed essential services to assist communities in navigating any obstacles that would hinder them from receiving needed health resources.

Endnotes

- ¹ For the CalAIM approval documents, see CMS, Approval Letter for California Advancing & Innovating Medi-Cal Section 1915(b) Waiver (Dec. 29, 2021), <https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/ca-calaim-ca-17-appvl-ltr.pdf>; CMS, Special Terms and Conditions for California Advancing & Innovating Medi-Cal Section 1915(b) Waiver (2021), <https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/ca-calaim-ca-17-stc.pdf>; CMS, Approval Letter for California Advancing & Innovating Medi-Cal Section 1115 Demonstration Extension (Dec. 29, 2021), <https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/ca-calaim-ext-appvl-12292021.pdf>; CMS, Approval Letter for Cal. State Plan Amendment # 21-0058 (Dec. 20, 2021), <https://www.dhcs.ca.gov/Documents/CA-21-0058-Approval-Package.pdf>.
- ² 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).
- ³ 42 U.S.C. § 1396n(g)(1).
- ⁴ 42 U.S.C. § 1396n(g)(2)(B).
- ⁵ 42 C.F.R. § 441.18(a)(3).
- ⁶ Cal. Dep’t Health Care Servs., *Targeted Case Management: Program Overview*, https://www.dhcs.ca.gov/provgovpart/Documents/ACLSS/TCM/TCM_FactSheet_01212016.pdf.
- ⁷ CAL. WELF. & INST. CODE §§ 14132.48(c), 14021.3. See also CAL. CODE REGS. tit. 9, § 1810.247(c).
- ⁸ CAL. CODE REGS. tit. 22, § 51351.1.
- ⁹ CAL. WELF. & INST. CODE § 14132.44(k); CAL. CODE REGS. tit. 22, § 51351(a); 42 U.S.C. § 1396n(g)(2)(A)(ii).
- ¹⁰ CAL. WELF. & INST. CODE § 14132.48(a)–(b).
- ¹¹ 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. 16, 2025); 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. 16, 2025).
- ¹² CAL. WELF. & INST. CODE §§14184.204. See also *ECM Policy Guide* Cal Dep’t Health Care Servs., CalAIM Population Health Management Initiative, <https://www.dhcs.ca.gov/CalAIM/Pages/PopulationHealthManagement.aspx> (last visited Dec. 16, 2025).

- ¹³ Cal. Dep't Health Care Servs., *CalAIM: Population Health Management (PHM) Policy Guide* (July 2025), <https://www.dhcs.ca.gov/CalAIM/Documents/PHM-Policy-Guide.pdf>.
- ¹⁴ *Id.* at 33.
- ¹⁵ *Id.* at 34–35.
- ¹⁶ *Id.* at 36–38.
- ¹⁷ *Id.* at 38–39.
- ¹⁸ *Id.* at 39–40.
- ¹⁹ *Id.* at 39–41
- ²⁰ CAL. WELF. & INST. CODE §§ 14184.205. 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 Policy Guide* (Aug. 2024), <https://www.dhcs.ca.gov/CalAIM/ECM/Documents/ECM-Policy-Guide.pdf> [hereinafter *ECM Policy Guide*].
- ²¹ *ECM Policy Guide*, *supra* note 20, at 10–11.
- ²² *Id.* at 11.
- ²³ *Id.* at 12–13.
- ²⁴ *Id.* at 14–15 (note that there is no “health condition” requirement for children, youth, and families with children/youth who are experiencing or at risk of homelessness).
- ²⁵ *Id.* at 18–24.
- ²⁶ *Id.* at 25–26.
- ²⁷ *Id.* at 26–27.
- ²⁸ *Id.* at 33–34.
- ²⁹ *Id.* at 34.
- ³⁰ *Id.* at 35–36.
- ³¹ *Id.* at 40.
- ³² *Id.* at 45.
- ³³ *Id.* at 49.
- ³⁴ *Id.* at 54.
- ³⁵ *Id.* at 103–107.
- ³⁶ *Id.* at 60–67.
- ³⁷ *Id.* at 61–63.
- ³⁸ *Id.* at 95.

- ³⁹ *Id.* at 60; Cal. Dep't Health Care Servs., *CalAIM Data Guidance: Billing and Invoicing between ECM/Community Supports Providers and MCPs* (Apr. 2023), <https://www.dhcs.ca.gov/Documents/MCQMD/ECM-and-Community-Supports-Billing-and-Invoicing-Guidance.pdf>.
- ⁴⁰ *ECM Policy Guide*, *supra* note 20, at 93–97.
- ⁴¹ *Id.* at 98. All ECM providers serving the justice-involved Populations of Focus must enroll as a Medi-Cal provider. *Id.* at 98, n. 63.
- ⁴² 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 24-006 (May 13, 2024), <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL%202024/APL24-006.pdf> [hereinafter All Plan Letter 24-006]; Cal. Dep't Health Care Servs., *Medi-Cal Provider Manual, Community Health Worker Preventive Services* (Oct. 2025), https://mcweb.apps.prd.cammis.medi-cal.ca.gov/assets/03BBA223-8762-4A94-A268-209510E15E37/chwprev.pdf?access_token=6UyVkRRfByXTZEWIh8j8QaYyIPyP5ULO [hereinafter *Medi-Cal Provider Manual, CHW*].
- ⁴³ See The Children's P'ship, *Community Health Workers Advancing Child Health Equity* (2021), <https://childrenspartnership.org/wp-content/uploads/2021/07/TCP-Community-Health-Workers-Final-Single-Pages-1.pdf>.
- ⁴⁴ *Id.*
- ⁴⁵ *Id.*
- ⁴⁶ *Id.*
- ⁴⁷ All Plan Letter 24-006, *supra* note 42, at 1; *Medi-Cal Provider Manual, CHW*, *supra* note 42, at 1.
- ⁴⁸ All Plan Letter 24-006, *supra* note 42, at 1; *Medi-Cal Provider Manual, CHW*, *supra* note 42, at 1.
- ⁴⁹ All Plan Letter 24-006, *supra* note 42, at 9; *Medi-Cal Provider Manual, CHW*, *supra* note 42, at 3–4.
- ⁵⁰ All Plan Letter 24-006, *supra* note 42, at 9; *Medi-Cal Provider Manual, CHW*, *supra* note 42, at 3–4.
- ⁵¹ All Plan Letter 24-006, *supra* note 42, at 9; *Medi-Cal Provider Manual, CHW*, *supra* note 42, at 3–4.
- ⁵² All Plan Letter 24-006, *supra* note 42, at 9; *Medi-Cal Provider Manual, CHW*, *supra* note 42, at 3–4.
- ⁵³ All Plan Letter 24-006, *supra* note 42, at 9; *Medi-Cal Provider Manual, CHW*, *supra* note 42, at 3–4.
- ⁵⁴ All Plan Letter 24-006, *supra* note 42, at 9; *Medi-Cal Provider Manual, CHW*, *supra* note 42, at 11.

- ⁵⁵ All Plan Letter 24-006, *supra* note 42, at 10; *Medi-Cal Provider Manual, CHW, supra* note 42, at 4.
- ⁵⁶ All Plan Letter 24-006, *supra* note 42, at 10; *Medi-Cal Provider Manual, CHW, supra* note 42, at 10-11.
- ⁵⁷ All Plan Letter 24-006, *supra* note 42, at 4-5; *Medi-Cal Provider Manual, CHW, supra* note 42, at 2.
- ⁵⁸ All Plan Letter 24-006, *supra* note 42, at 5; *Medi-Cal Provider Manual, CHW, supra* note 42, at 2. 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 FFS 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 Medi-Cal FFS by a licensed provider on staff.
- ⁵⁹ All Plan Letter 24-006, *supra* note 42, at 5; *Medi-Cal Provider Manual, CHW, supra* note 42, at 2.
- ⁶⁰ All Plan Letter 24-006, *supra* note 42, at 5.
- ⁶¹ *Id.* at 11.
- ⁶² 42 C.F.R. § 440.130(c); All Plan Letter 24-006, *supra* note 42, at 5-6; *Medi-Cal Provider Manual, CHW, supra* note 42, at 11. 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.
- ⁶³ All Plan Letter 24-006, *supra* note 42, at 6; *Medi-Cal Provider Manual, CHW, supra* note 42, at 13-14.
- ⁶⁴ All Plan Letter 24-006, *supra* note 42, at 6; *Medi-Cal Provider Manual, CHW, supra* note 42, at 13-14.
- ⁶⁵ All Plan Letter 24-006, *supra* note 42, at 6; *Medi-Cal Provider Manual, CHW, supra* note 42, at 11. 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. To learn more about Peer Support Services, please refer to Chapter IV of this Guide on Mental Health Services.
- ⁶⁶ Cal. Dep't Health Care Servs., *Recommendations for Community Health Workers (CHW) Services for Eligible Medi-Cal Members* (Apr. 2025), <https://www.dhcs.ca.gov/services/medi-cal/Documents/Standing-Recommendation-for-CHW-Services.pdf>; All Plan Letter 24-006, *supra* note 42, at 6; *Medi-Cal Provider Manual, CHW, supra* note 42, at 1.
- ⁶⁷ All Plan Letter 24-006, *supra* note 42, at 8-9; *Medi-Cal Provider Manual, CHW, supra* note 42, at 11-13.

⁶⁸ All Plan Letter 24-006, *supra* note 42, at 8-9; *Medi-Cal Provider Manual, CHW, supra* note 42, at 11-13.

⁶⁹ All Plan Letter 24-006, *supra* note 42, at 8-9; *Medi-Cal Provider Manual, CHW, supra* note 42, at 11-13.

⁷⁰ All Plan Letter 24-006, *supra* note 42, at 8-9; *Medi-Cal Provider Manual, CHW, supra* note 42, at 11-13.

⁷¹ All Plan Letter 24-006, *supra* note 42, at 8-9; *Medi-Cal Provider Manual, CHW, supra* note 42, at 11-13.