



Policy:	GG.1213
Title:	Community Health Worker Services
Department:	Medi-Cal & CalAIM
Section:	Not Applicable

CEO Approval: /s/ Michael Hunn 01/16/2025

Effective Date: 03/02/2023

Revised Date: 01/01/2025

Applicable to:

- ☒ Medi-Cal
- ☒ OneCare
- ☐ PACE
- ☐ Administrative

I. PURPOSE

This Policy describes the eligibility criteria for CalOptima Health Community Health Worker (CHW) Services and identifies the qualifications for becoming a CHW Provider and provision of CalOptima Health CHW as a benefit.

II. POLICY

- A. CHW Services are preventive health services delivered by a CHW to prevent disease, disability, and other health conditions or their progression; to prolong life; and to promote physical and mental health.
- B. CHW Services may assist with a variety of concerns impacting CalOptima Health and Health Network Members, including but not limited to, the control and prevention of chronic conditions or infectious diseases, behavioral health conditions, and need for preventive services.
- C. CHW Services can help Members receive appropriate services related to perinatal care, preventive care, sexual and reproductive health, environmental and climate-sensitive health issues, oral health, aging, injury, and domestic violence and other violence prevention services.
- D. CHWs may include individuals known by a variety of job titles, such as promotors, community health representatives, navigators and other non-licensed public health workers, including violence prevention professionals, with the qualifications specified in this policy.
- E. CalOptima Health and a Health Network must not require Prior Authorization for CHW Services as preventive services for the first twelve (12) units.
- F. CalOptima Health and a Health Network shall ensure contracted Supervising Providers employing CHWs meet the Provider requirements and qualification requirements as stated below.
- G. CalOptima Health and a Health Network shall monitor organizations employing CHWs to ensure compliance with the requirements listed below regarding CHW Supervising Providers, documentation, Plan of Care, Provider enrollment, billing, and access to services.

- H. CHWs and Members receiving CHW Services, as applicable, shall be entitled to Grievance and Appeals procedures.

III. PROCEDURE

A. CHW Provider Requirement and Qualifications

1. Required CHW qualifications:

- a. CHWs must have lived experience that aligns with and provides a connection between the CHW, and the Member or population being served.
- b. Supervising Providers must maintain evidence of this experience.
- c. CHWs must demonstrate, and Supervising Provider must maintain evidence of, minimum qualifications through one of the following pathways, as determined by the Supervising Provider.
 - i. Certificate Pathway: CHWs demonstrating qualifications through the Certificate Pathway must provide proof of completion of at least one of the following certificates:
 - a) CHW Certificate: A valid certificate of completion of a curriculum that attests to demonstrated skills and/or practical training in the following areas: 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.
 - 1) A CHW Certificate allows a CHW to provide all covered CHW Services described in this policy, including violence prevention services.
 - b) Violence Prevention Professional Certificate: For individuals providing CHW violence prevention services only, a Violence Prevention Professional (VPP) Certificate issued by Health Alliance for Violence Intervention or a certificate of completion in gang intervention training from the Urban Peace Institute.
 - 1) A VPP Certificate allows a CHW to provide CHW violence prevention services only.
 - 2) A CHW providing services other than violence prevention services must demonstrate qualification through either the Work Experience Pathway or by completion of a General Certificate.
 - ii. Work Experience Pathway: CHWs must provide proof of the following demonstrating qualifications:
 - a) At least two-thousand (2,000) hours working as a CHW in paid or volunteer positions within the previous three years.

- b) Demonstrated skills and practical training in the areas described above, as determined and validated by the Supervising Provider.
 - c) A CHW who does not have a certificate of completion must earn a certificate of completion, as described above, within eighteen (18) months of the first CHW visit provided to a Member.
- 2. CHWs must complete a minimum of six (6) hours of additional relevant training annually, which can be in the core competencies or specialty areas, and the Supervising Provider must maintain evidence of this training.

B. Supervising Provider

- 1. The Supervising Provider ensures that CHWs meet the qualifications listed below, oversees CHWs and the services delivered to CalOptima Health or a Health Network Member, and submits claims for services provided by CHWs.
- 2. The Supervising Provider must be a licensed Provider, a hospital, including the emergency department, an outpatient clinic, a local health jurisdiction (LHJ), or a community-based organization (CBO).
- 3. CalOptima Health and a Health Network must not require Supervising Providers to have a licensed Provider on staff to contract with CalOptima Health or a Health Network to bill for CHW Services.
- 4. Supervising Providers must provide direct or indirect oversight to CHWs.
- 5. CalOptima Health and a Health Network must ensure that Supervising Providers or their Subcontractors contracting with or employing CHWs to provide covered CHW Services to CalOptima Health and a Health Networks' Members verify that CHWs have adequate supervision and training.
- 6. For Members who need multiple ongoing CHW Services or continued CHW Services after twelve (12) units of services as defined in the Medi-Cal Provider Manual, a written Plan of Care must be written by one or more individual licensed Providers, with the exception of services provided in the emergency department, which may include the recommending Provider and other licensed Providers affiliated with the CHW Supervising Provider.
- 7. Supervising Providers do not need to be the same entity as the Provider who made the referral for CHW Services.
- 8. Supervising Providers do not need to be physically present at the location where CHWs provide services to Members.
- 9. Management and day-to-day supervision of CHWs as employees may be delegated as determined by the Supervising Provider.
- 10. Supervising Provider is responsible for ensuring the provision of CHW Services complies with all applicable requirements.

C. Eligibility Criteria

1. CHW services require a written recommendation submitted to CalOptima Health or a Health Network by a physician or other licensed practitioner of the healing arts within their scope of practice under state law.
2. For CHW Services rendered in the emergency department, the treating Provider may verbally recommend CHWs to initiate services and later document the recommendation in the Member's Medical Record on the emergency department visit.
3. The recommending licensed Provider does not need to be enrolled in Medi-Cal or be a Network Provider within CalOptima Health or employed by the Supervising Provider.
 - a. Other licensed practitioners who can recommend CHW Services within 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, registered dental hygienists, licensed educational psychologists, licensed vocational nurses, and pharmacists.
 1. The required recommendation can be provided by a written recommendation placed in the Member's record or a standing recommendation by CalOptima Health based on eligibility criteria for CHW Services as described in the Medi-Cal Provider Manual.
 2. As of January 1, 2025, CalOptima Health issued a standing recommendation for CHW Services, which is Attachment A of this Policy.
4. Licensed Providers must ensure that a Member meets eligibility criteria before recommending CHW Services.
5. CHW Services are considered medically necessary for Members with 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 in meeting their health or health-related social needs, and/or who would benefit from preventive services.
6. The recommending Provider must determine whether a Member meets eligibility criteria for CHW Services based on the presence of one or more of the following:
 - a. Diagnosis of one or more chronic health (including behavioral health) conditions, or a suspected mental disorder or substance use disorder that has not yet been diagnosed.
 - b. Presence of medical indicators of rising risk of chronic disease (e.g., elevated blood pressure, elevated blood glucose levels, elevated blood lead levels or childhood lead exposure, etc.) that indicate risk but do not yet warrant diagnosis of a chronic condition.
 - c. Any stressful life event presented via the Adverse Childhood Events (ACE) screening.
 - d. Presence of known risk factors, including domestic or intimate partner violence, tobacco use, excessive alcohol use, and/or drug misuse.
 - e. Results of a SDOH screening indicating unmet health-related social needs, such as housing or food insecurity.

- f. One or more visits to a hospital emergency department within the previous six (6) months.
 - g. One or more hospital inpatient stays, including stays at a psychiatric facility, within the previous six (6) months, or being at risk of institutionalization.
 - h. One (1) or more stays at a detox facility within the previous year.
 - i. Two (2) or more missed medical appointments within the previous six (6) months.
 - j. Member expressed need for support in health system navigation or resource coordination services.
 - k. Need for recommended preventive services, including updated immunizations, annual dental visit, and well childcare visits for children.
7. CHW violence prevention services are available to Members who meet any of the following circumstances as determined by a licensed practitioner:
- a. The Member has been violently injured as a result of community violence.
 - b. The Member is at significant risk of experiencing violent injury as a result of community violence.
 - c. The Member has experienced chronic exposure to community violence.
8. CHW violence prevention services are specific to community violence (e.g., gang violence), and CHW Services can be provided to Members for interpersonal/domestic violence through other pathways with training/experience specific to those needs.
- D. CalOptima Health and a Health Network must also use data driven approaches to determine and understand priority populations eligible for CHW Services, including but not limited to, using past and current Member utilization/Encounters, data on health risks and clinical care gaps, frequent hospital admissions or ED visits, demographic and SDOH data, referrals from the community (including Provider referrals), and needs assessments, etc.
- 1. CalOptima Health and a Health Network will use available data sources to help identify Members who meet the eligibility criteria for CHW Services and attempt outreach to qualifying Members and their Providers to encourage utilization of CHW Services.
- E. Documentation
- 1. CHWs are required to document the dates and time/duration of services provided to Members.
 - 2. Documentation must be accessible to the Supervising Provider upon their request.
- F. Plan of Care
- 1. For Members who need multiple ongoing CHW Services or continued CHW Services after twelve (12) units of services as defined in the Medi-Cal Provider Manual, a written Plan of Care must be written by one or more individual licensed Providers, with the exception of services provided in the emergency department, which may include the recommending Provider and other licensed Providers affiliated with the CHW Supervising Provider.

2. The Provider ordering the Plan of Care does not need to be the same Provider who initially recommended CHW Services or the Supervising Provider for CHW Services.
3. CHWs may participate in the development of the Plan of Care and may take a lead role in drafting the Plan of Care if done in collaboration with the Member's care team.
4. The Plan of Care may not exceed a period of one year.
5. Plan of Care must:
 - a. Specify the condition that the service is being ordered for and be relevant to the condition;
 - b. Include a list of other health care professionals providing treatment for the condition or barrier;
 - c. Contain written objectives that specifically address the recipient's condition or barrier affecting their health;
 - d. List the specific services required for meeting the written objectives; and
 - e. Include the frequency and duration of CHW Services (not to exceed the Provider's order) to be provided to meet the Plan of Care's objectives.
6. A licensed Provider must review the Member's Plan of Care at least every six (6) months from the effective date of the initial Plan of Care.
7. The licensed Provider must determine if progress is being made toward the written objective and whether services are still medically necessary.

G. Covered CHW Services including Violence Prevention Services

1. CHW Services can be provided as individual or group sessions and can be provided virtually or in-person with locations in any setting including, but not limited to, outpatient clinics, hospitals, homes, or community settings. There are no service location limits.
2. Services include Health Education, Health Navigation, Screening and Assessment, and Individual Support or Advocacy.
3. Services may be provided to a parent or legal guardian of a Member under age twenty-one (21) for the direct benefit of the Member, in accordance with a recommendation from a licensed Provider.
 - a. A service for the direct benefit of the Member must be billed under the Member's Medi-Cal ID.
 - b. If the parent or legal guardian of the Member is not enrolled in Medi-Cal, the Member must be present during the session.
4. CHWs may render street medicine. The Supervising Provider would bill CalOptima Health or a Health Network for any appropriate and applicable services within the scope of the CHW benefit.

5. Covered CHW Services do not include any service that requires a license. The following services are non-covered CHW Services:
 - a. Clinical case management/care management that requires a license;
 - b. Childcare;
 - c. Chore services, including shopping and cooking meals;
 - d. Companion services;
 - e. Employment services;
 - f. Helping a Member enroll in government or other assistance programs that are not related to improving their health as part of a Plan of Care;
 - g. Delivery of medication, medical equipment, or medical supply;
 - h. Personal Care services/homemaker services;
 - i. Respite care;
 - j. Services that duplicate another covered Medi-Cal service already being provided to a Member;
 - k. Socialization;
 - l. Transporting Members;
 - m. Services provided to individuals not enrolled in Medi-Cal, except as noted above; and
 - n. Services that require a license.
6. Although CHWs may provide CHW Services to Members with mental health and/or substance use disorders, CHW Services do not include Peer Support Services as these are covered under the Drug Medi-Cal, Drug Medi-Cal Organized Delivery System, and Specialty Mental Health Services programs.
 - a. CHW Services are distinct and separate from Peer Support Services.

H. Provider Enrollment

1. All Network Providers, including those who will operate as Supervising Providers of CHW Services, are required to enroll as Medi-Cal Providers, consistent with APL 22-013: Provider Credentialing/Recredentialing and Screening/Enrollment, or any superseding APL, if there is a state-level enrollment pathway for them to do so.
2. Providers must be vetted by CalOptima Health or a Health Network in order to participate as Supervising Providers, as described below.
 - a. CalOptima Health or a Health Network must create and implement their own processes to ensure Supervising Providers, with a state-level Medi-Cal enrollment pathway, follow the

standard process for enrolling through the Department of Health Care Services' (DHCS) Provider Enrollment Division.

- b. To include a Supervising Provider in their Networks when there is no state-level Medi-Cal enrollment pathway, the CalOptima Health or a Health Network will vet the qualifications of the Provider or Provider organization to ensure they can meet the standards and capabilities required to be a Supervising Provider, and CalOptima Health or a Health Network will create and implement its own processes to do this.
 3. CalOptima Health and Health Networks will ensure that Providers and Subcontractors that serve as CHW Supervising Providers are certifying that their CHWs have the appropriate training, qualifications, and supervision.
 4. CalOptima Health and Health Networks will consider, at minimum, the following CHW Supervising Provider characteristics:
 - a. The ability to receive referrals from licensed practitioners for CHW benefits;
 - b. Validating Supervising Providers are appropriately assessing CHWs have sufficient experience to provide services;
 - c. Ensuring Supervising Providers have the ability to submit claims or Encounters to CalOptima Health using standardized protocols;
 - i. CalOptima Health must report all CHW Services encounters to DHCS.
 - d. Ensuring Supervising Providers have business licensing that meet industry standards;
 - e. Have the capability to comply with all reporting and oversight requirements;
 - f. Have monitoring processes for fraud, waste, and/or abuse of CHW Services;
 - g. Are able to process for monitoring recent history of criminal activity of Supervising Providers; and
 - h. Are able to process for monitoring history of liability claims against the Supervising Provider.
- I. Building Capacity
 1. CalOptima Health shall partner with Community Based Organizations (CBO), clinics, and hospitals with existing CHW Services to support capacity building and expand the growing need for the CHW workforce.
 2. CalOptima Health shall assess CHW infrastructure, assets, training, and presence in the communities that Members reside. Assessment results shall inform capacity building and investments moving forward.
 3. CalOptima Health shall partner with external organizations with CHW expertise and assets to build capacity and integration of CHW Services into the managed care system.

J. Member Communication

1. CalOptima Health shall provide information to Members regarding CHW Services through the member handbook, CalOptima Health website, new member orientation, and other materials as appropriate.
2. Member communication shall be provided in a culturally and linguistically appropriate manner to ensure all Members are informed about CHW Services availability and how to access services.

K. Billing

1. CHW Services must be reimbursed through a CHW Supervising Provider in accordance with its Provider contract.
2. Since CHW Services are a preventive service, CalOptima Health and Health Networks must not require Prior Authorization for CHW Services; however, quantity limits can be applied based on goals detailed in the Plan of Care.
3. CalOptima Health and Health Networks must not establish unreasonable or arbitrary barriers for accessing coverage.
4. Claims for CHW Services must be submitted by the Supervising Provider with allowable Current Procedural Terminology (CTP) codes as outlined in the Medi-Cal Provider Manual.
5. CalOptima Health and Health Networks and all Subcontractors and Network Providers must not double bill for activities that are duplicative to services reimbursed through other benefits such as Enhanced Care Management (ECM), which is inclusive of the services within the CHW benefit.
6. CalOptima Health and Health Networks must ensure that Providers do not bill for CHW Services and ECM for the same Member for the same time period.
7. Tribal clinics may bill CalOptima Health or a Health Network for CHW Services at the Fee-for-Service rates using the CPT codes as outlined in the Provider Manual.
8. CalOptima Health and Health Networks are required to reimburse contracted Federally Qualified Health Centers (FQHC) and Rural Health Clinics (RHCs) in a manner that is no less than the level and amount of payment that CalOptima Health or a Health Network would make for the same scope of services if the services were furnished by another Provider type that is not an FQHC or RHC.
9. CalOptima Health and Health Network claims processes must adhere to contractual requirements related to claims processing and encounter data submissions including use of approved codes pursuant to the Medi-Cal Provider Manual for CHW Preventive Services.

L. Access Requirements

1. CalOptima Health and Health Networks must ensure and monitor sufficient Provider Networks within their service areas, including for CHW Services.

2. CalOptima Health is responsible for ensuring that Health Networks, Subcontractors and Providers comply with all applicable state and federal laws and regulations, Grievance and Appeal requirements, contract requirements, and other DHCS guidance, including APLs and Policy Letters, and that these requirements will be communicated to all Health Networks, Subcontractors and Providers.

M. Monitoring Strategies

1. CalOptima Health shall monitor the CHW benefit utilization by:
 - a. Using the Population Needs Assessment (PNA) to ensure CHW Services are aligned with identified disparities in health outcomes and quality measures stratified by race, ethnicity, and language;
 - b. Analyzing CHW utilization trends over time using claims and encounters data; and
 - c. Analyzing populations receiving CHW Services by race, ethnicity, and language.

IV. ATTACHMENT(S)

- A. Standing Recommendation for Community Health Worker (CHW) Services for Medi-Cal Members

V. REFERENCE(S)

- A. CalOptima Health Provider Manual
- B. California State Plan Amendment (SPA) 22-0001
- C. California Welfare and Institutions Code (WIC) 14087.325(d)
- D. Department of Health Care Services (DHCS) All Plan Letter (APL) 24-004: Quality Improvement and Health Equity Transformation Requirements (Supersedes APL 19-017)
- E. Department of Health Care Services (DHCS) All Plan Letter (APL) 24-006: Community Health Worker Services Benefit (Supersedes APL 22-016)
- F. Department of Health Care Services (DHCS) CalAIM: Population Health Management (PHM) Policy Guide
- G. Title 42, Code of Federal Regulations (CFR) Section 440.130(c)

VI. REGULATORY AGENCY APPROVAL(S)

Date	Regulatory Agency	Response
12/02/2022	Department of Health Care Services (DHCS)	Approved as Submitted
08/18/2023	Department of Health Care Services (DHCS)	Approved as Submitted
08/26/2024	Department of Health Care Services (DHCS)	Approved as Submitted

VII. BOARD ACTION(S)

Date	Meeting
03/02/2023	Regular Meeting of the CalOptima Health Board of Directors

VIII. REVISION HISTORY

Action	Date	Policy	Policy Title	Program(s)
Effective	03/02/2023	GG.1213	Community Health Worker Services	Medi-Cal
Revised	08/01/2023	GG.1213	Community Health Worker Services	Medi-Cal
Revised	06/01/2024	GG.1213	Community Health Worker Services	Medi-Cal
Revised	08/01/2024	GG.1213	Community Health Worker Services	Medi-Cal OneCare
Revised	01/01/2025	GG.1213	Community Health Worker Services	Medi-Cal OneCare

IX. GLOSSARY

Term	Definition
Appeal	<p><u>Medi-Cal</u>: A review by CalOptima Health of an adverse benefit determination, which includes one of the following actions:</p> <ol style="list-style-type: none"> 1. A denial or limited authorization of a requested service, including determinations based on the type or level of service, requirements for Medical Necessity, appropriateness, setting, or effectiveness of a Covered Service; 2. A reduction, suspension, or termination of a previously authorized service; 3. A denial, in whole or in part, of payment for a service; 4. Failure to provide services in a timely manner; or 5. Failure to act within the timeframes provided in 42 CFR 438.408(b). <p><u>OneCare</u>: As defined at 42 CFR §422.561 and §423.560, the procedures that deal with the review of adverse initial determinations made by the plan on health care services or benefits under Part C or D the enrollee believes he or she is entitled to receive, including a delay in providing, arranging for, or approving the health care services or drug coverage (when a delay would adversely affect the health of the enrollee) or on any amounts the enrollee must pay for a service or drug as defined in 42 CFR §422.566(b) and §423.566(b). These appeal procedures include a plan reconsideration or redetermination (also referred to as a level 1 appeal), a reconsideration by an independent review entity (IRE), adjudication by an Administrative Law Judge (ALJ) or attorney adjudicator, review by the Medicare Appeals Council (Council), and judicial review.</p>
California Medicaid State Plan	A comprehensive description of California's State Medicaid Program, based upon the requirements of Title XIX of the Social Security Act, that serves as a contractual agreement between the State of California and the federal Centers for Medicare and Medicaid Services.
CalOptima Health Community Supports	Community Supports that CalOptima Health has received approval from the Department of Health Care Services (DHCS) to provide.
Community Health Worker (CHW)	An individual known by a variety of job titles, such as promoters, community health representatives, navigators, and other non-licensed public health workers, including violence prevention professionals, and as set forth in Department of Health Care Services (DHCS) All Plan Letter (APL) 24-004: Community Health Worker Services Benefit.
Community Health Worker (CHW) Services	Preventive health services delivered by a CHW to prevent disease, disability, and other health conditions or their progression; to prolong life; and to promote physical and mental health. CHWs may include individuals known by a variety of job titles, such as promoters, community health representatives, navigators, and other non-licensed public health workers, including violence prevention professionals, with the qualifications specified in CalOptima Health's contract with the Department of Health Care Services (DHCS) for Medi-Cal.

Covered Services	<p><u>Medi-Cal</u>: Those health care services, set forth in W&I sections 14000 et seq. and 14131 et seq., 22 CCR section 51301 et seq., 17 CCR section 6800 et seq., the Medi-Cal Provider Manual, the California Medicaid State Plan, the California Section 1115 Medicaid Demonstration Project, the contract with DHCS for Medi-Cal, and DHCS APLs that are made the responsibility of CalOptima Health pursuant to the California Section 1915(b) Medicaid Waiver authorizing the Medi-Cal managed care program or other federally approved managed care authorities maintained by DHCS.</p> <p>Covered Services do not include:</p> <ol style="list-style-type: none"> 1. Home and Community-Based Services (HCBS) program as specified in the DHCS contract for Medi-Cal Exhibit A, Attachment III, Subsections 4.3.15 (Services for Persons with Developmental Disabilities), 4.3.20 (Home and Community-Based Services Programs) regarding waiver programs, 4.3.21 (In-Home Supportive Services), and Department of Developmental Services (DDS) Administered Medicaid Home and Community-Based Services Waiver. HCBS programs do not include services that are available as an Early and Periodic Screening, Diagnosis and Treatment (EPSDT) service, as described in 22 CCR sections 51184, 51340 and 51340.1. EPSDT services are covered under the DHCS contract for Medi-Cal, as specified in Exhibit A, Attachment III, Subsection 4.3.11 (Targeted Case Management Services), Subsection F4 regarding services for Members less than twenty-one (21) years of age. CalOptima Health is financially responsible for the payment of all EPSDT services; 2. California Children's Services (CCS) as specified in Exhibit A, Attachment III, Subsection 4.3.14 (California Children's Services), except for Contractors providing Whole Child Model (WCM) services; 3. Specialty Mental Health Services as specified in Exhibit A, Attachment III, Subsection 4.3.12 (Mental Health Services); 4. Alcohol and SUD treatment services, and outpatient heroin and other opioid detoxification, except for medications for addiction treatment as specified in Exhibit A, Attachment III, Subsection 4.3.13 (Alcohol and Substance Use Disorder Treatment Services); 5. Fabrication of optical lenses except as specified in Exhibit A, Attachment III, Subsection 5.3.7 (Services for All Members); 6. Direct Observed Therapy for Treatment of Tuberculosis (TB) as specified in Exhibit A, Attachment III, Subsection 4.3.18 (Direct Observed Therapy for Treatment of Tuberculosis); 7. Dental services as specified in W&I sections 14131.10, 14132(h), 14132.22, 14132.23, and 14132.88, and EPSDT dental services as described in 22 CCR section 51340.1(b). However, CalOptima Health is responsible for all Covered Services as specified in Exhibit A, Attachment III, Subsection 4.3.17 (Dental) regarding dental services; 8. Prayer or spiritual healing as specified in 22 CCR section 51312; 9. Educationally Necessary Behavioral Health Services that are covered by a Local Education Agency (LEA) and provided pursuant to a Member's Individualized Education Plan (IEP) as set forth in Education Code section 56340 et seq., Individualized Family Service Plan (IFSP) as set forth in California Government Code (GC) section 95020, or Individualized Health and Support Plan (IHSP). However, CalOptima Health is responsible for
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Term	Definition
	<p>all Medically Necessary Behavioral Health Services as specified in Exhibit A, Attachment III Subsection 4.3.16 (School-Based Services);</p> <p>10. Laboratory services provided under the State serum alpha-feto-protein-testing program administered by the Genetic Disease Branch of California Department of Public Health (CDPH);</p> <p>11. Pediatric Day Health Care, except for Contractors providing Whole Child Model (WCM) services;</p> <p>12. State Supported Services;</p> <p>13. Targeted Case Management (TCM) services as set forth in 42 USC section 1396n(g), W&I sections 14132.48 and 14021.3, 22 CCR sections 51185 and 51351, and as described in Exhibit A, Attachment III, Subsection 4.3.11 (Targeted Case Management Services). However, if Members less than twenty-one (21) years of age are not eligible for or accepted by a Regional Center (RC) or a local government health program for TCM services, CalOptima Health must ensure access to comparable services under the EPSDT benefit in accordance with DHCS APL 23-005;</p> <p>14. Childhood lead poisoning case management provided by county health departments;</p> <p>15. Non-medical services provided by Regional Centers (RC) to individuals with Developmental Disabilities, including but not limited to respite, out-of-home placement, and supportive living;</p> <p>16. End of life services as stated in Health and Safety Code (H&S) section 443 et seq., and DHCS APL 16-006; and</p> <p>17. Prescribed and covered outpatient drugs, medical supplies, and enteral nutritional products when appropriately billed by a pharmacy on a pharmacy claim, in accordance with DHCS APL 22-012.</p> <p><u>OneCare</u>: Those medical services, equipment, or supplies that CalOptima Health is obligated to provide to Members under the Centers of Medicare & Medicaid Services (CMS) Contract.</p>
Department of Health Care Services (DHCS)	The single State Department responsible for administration of the Medi-Cal program, California Children's Services (CCS), Genetically Handicapped Persons Program (GHPP), Child Health and Disabilities Prevention (CHDP), and other health related programs as provided by statute and/or regulation.
Direct Oversight	For purposes of this policy, this includes, but is not limited to, guiding CHWs in providing services, participating in the development of a Plan of Care, and following up on the progression of CHW Services to ensure that services are provided in compliance with all applicable requirements.
Encounter	<p><u>Medi-Cal</u>: Any unit of Covered Services provided to a Member by a Health Network regardless of Health Network reimbursement methodology. Such Covered Services include any service provided to a Member regardless of the service location or Provider, including out-of-network services and sub-capitated and delegated Covered Services.</p> <p><u>OneCare</u>: Any unit of Covered Service provided to a Member by a Health Network regardless of Health Network reimbursement methodology. These services include any Covered Services provided to a Member, regardless of the service location or Provider, including out-of-network Covered Services and sub-capitated and delegated Covered Services. Encounter data submitted to CalOptima Health should not include denied, adjusted, or duplicate claims.</p>

Term	Definition
Grievance	<p><u>Medi-Cal</u>: Any expression of dissatisfaction about any matter other than an Adverse Benefit Determination (ABD), and may include, but is not limited to the Quality of Care or services provided, aspects of interpersonal relationships with a Provider or CalOptima Health's employee, failure to respect a Member's rights regardless of whether remedial action is requested, and the right to dispute an extension of time proposed by CalOptima Health to make an authorization decision. A complaint is the same as Grievance. An inquiry is a request for more information that does not include an expression of dissatisfaction. Inquiries may include, but are not limited to, questions pertaining to eligibility, benefits, or other CalOptima Health processes. If CalOptima Health is unable to distinguish between a Grievance and an inquiry, it must be considered a Grievance.</p> <p><u>OneCare</u>: An expression of dissatisfaction with any aspect of the operations, activities or behavior of a plan or its delegated entity in the provision of health care items, services, or prescription drugs, regardless of whether remedial action is requested or can be taken.</p>
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.
Health Navigation	<p>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. Under Health Navigation, CHWs can also:</p> <ol style="list-style-type: none"> 1. Serve as a cultural liaison or assist a licensed health care Provider to participate in the development of a Plan of Care, as part of a health care team; 2. Perform outreach and resource coordination to encourage and facilitate the use of appropriate preventive services; or 3. Help a Member enroll or maintain enrollment in government or other assistance programs that are related to improving their health if such navigation services are provided pursuant to a Plan of Care.
Health Network	A Physician Hospital Consortium (PHC), physician group under a shared risk contract, or health care service plan, such as a Health Maintenance Organization (HMO) that contracts with CalOptima Health to provide Covered Services to Members assigned to that Health Network.
Indirect Oversight	For purposes of this policy, this includes, but is not limited to, ensuring connectivity of CHWs with the ordering entity and ensuring appropriate services are provided in compliance with all applicable requirements.
Individual Support or Advocacy	For purposes of this policy, 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.

Term	Definition
Medically Necessary or Medical Necessity	<p><u>Medi-Cal</u>: Reasonable and necessary Covered Services to protect life, to prevent significant illness or significant disability, or alleviate severe pain through the diagnosis or treatment of disease, illness, or injury, as required under W&I Code 14059.5(a) and Title 22 CCR Section 51303(a). Medically Necessary services shall include Covered Services necessary to achieve age-appropriate growth and development, and attain, maintain, or regain functional capacity.</p> <p>For Members under twenty-one (21) years of age, a service is Medically Necessary if it meets the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) standard of medical necessity set forth in Section 1396dI(5) of Title 42 of the United States Code, as required by W&I Code 14059.5(b) and W&I Code Section 14132(v). Without limitation, Medically Necessary services for Members under twenty-one (21) years of age include Covered Services necessary to achieve or maintain age-appropriate growth and development, attain, regain or maintain functional capacity, or improve, support or maintain the Member's current health condition. CalOptima Health shall determine Medical Necessity on a case-by-case basis, taking into account the individual needs of the child.</p> <p><u>OneCare</u>: Reasonable and necessary medical services to protect life, to prevent significant illness or significant disability, or alleviate severe pain through the diagnosis or treatment of disease, illness, or injury, as required under W&I Code 14059.5(a) and Title 22 CCR Section 51303(a). Medically Necessary services includes Medi-Cal Services necessary to achieve age-appropriate growth and development, and attain, maintain, or regain functional capacity.</p>
Medical Record	<p><u>Medi-Cal</u>: The record of a Member's medical information including but not limited to, medical history, care or treatments received, test results, diagnoses, and prescribed medications.</p> <p><u>OneCare</u>: A medical record, health record, or medical chart in general is a systematic documentation of a single individual's medical history and care over time. The term 'Medical Record' is used both for the physical folder for each individual patient and for the body of information which comprises the total of each patient's health history. Medical records are intensely personal documents and there are many ethical and legal issues surrounding them such as the degree of third-party access and appropriate storage and disposal.</p>
Member	A beneficiary enrolled in a CalOptima Health program.
Network Provider	Any Provider or entity that has a Network Provider Agreement with CalOptima Health or CalOptima Health's Subcontractor(s) and receives Medi-Cal funding directly or indirectly to order refer or render Covered Services under the contract between said parties. A Network Provider is not a Subcontractor by virtue of the Network Provider Agreement.
Plan of Care	An individual written Plan of Care completed, approved, and signed by a Physician and maintained in the Member's medical records according to Title 42, Code of Federal Regulations (CFR).

Term	Definition
Population Needs Assessment (PNA)	<p>A process for:</p> <ol style="list-style-type: none"> 1. Identifying Member health needs and Health Disparities; 2. Evaluating health education, Cultural and Linguistic (C&L), delivery system transformation and Quality Improvement (QI) activities and other available resources to address identified health concerns; and 3. Implementing targeted strategies for health education, C&L, and QI programs and services.
Prior Authorization	<p><u>Medi-Cal</u>: A formal process requiring a Provider to obtain advance approval for the amount, duration, and scope of non-emergent Covered Services.</p> <p><u>OneCare</u>: A process through which a physician or other health care Provider is required to obtain advance approval, from CalOptima Health and/or a delegated entity, that payment will be made for a service or item furnished to a Member.</p>
Provider	<p><u>Medi-Cal</u>: Any individual or entity that is engaged in the delivery of services, or ordering or referring for those services, and is licensed or certified to do so.</p> <p><u>OneCare</u>: Any Medicare Provider (e.g., hospital, skilled nursing facility, home health agency, outpatient physical therapy, comprehensive outpatient rehabilitation facility, end-stage renal disease facility, hospice, physician, non-physician Provider, laboratory, supplier, etc.) providing Covered Services under Medicare Part B. Any organization, institution, or individual that provides Covered Services to Medicare members. Physicians, ambulatory surgical centers, and outpatient clinics are some of the providers of Covered Services under Medicare Part B.</p>
Screening and Assessment	For purposes of this policy, providing screening and assessment services that do not require a license and assisting a Member with connecting to appropriate services to improve their health.
Social Drivers of Health (SDOH)	The environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health functioning, and quality-of-life outcomes and risk. Also known as Health Related Social Needs.
Subcontractor	An individual or entity that has a Subcontract Agreement with CalOptima Health or CalOptima Health's Subcontractor that relates directly or indirectly to the performance of CalOptima Health's obligations under its contract with DHCS. A Network Provider is not a Subcontractor solely because it enters into a Network Provider Agreement.
Supervising Provider	An enrolled Medi-Cal provider licensed Provider, a hospital, including the emergency department, an outpatient clinic, a local health jurisdiction (LHJ), or a community-based organization (CBO).