

RIVERSIDE UNIVERSITY HEALTH SYSTEM – PUBLIC HEALTH

MEMORANDUM OF UNDERSTANDING

AGENCIES: Riverside University Health System – Public Health, and Riverside County Children and Families Commission (otherwise known as “First 5”)

MOU TERM: 12 months beginning on the date of the last signature by the parties

MAXIMUM REIMBURSABLE AMOUNT: \$379,242

CONTRACT ID: HSARC-27-012

WHEREAS, this Memorandum of Understanding (“MOU”) is entered into between the Riverside University Health System – Public Health (“RUHS-PH”), and the Riverside County Children and Families Commission, First 5 Riverside County (“First 5”), both Departments of the County of Riverside, a political subdivision of the State of California, for Community Health Worker services to support services related to health education, health navigation, individual support and advocacy, and assistance with completing assessments for Riverside County residents. Both agencies are collectively referred to as “Parties”, and individually as the “Party”.

WHEREAS, RUHS-PH desires First 5 to provide funding to support Community Health Worker Services and operational costs in accordance with the TERMS and CONDITIONS (“T&Cs”) attached hereto and incorporated herein by this reference. The T&Cs specify the responsibilities of RUHS-PH and First 5.

NOW THEREFORE, RUHS-PH and First 5 do hereby covenant and agree that RUHS-PH and First 5 shall provide said services in accordance with the terms and conditions contained herein of this MOU.

Authorized Signature for RUHS-PH	Authorized Signature for First 5
Printed Name and Title of Person Signing: Kim Saruwatari, PH Director	Printed Name and Title of Person Signing: Charna Widby, First 5 Riverside County Executive Director
Address: 4065 County Circle Dr. Riverside, CA 92503	Address: 585 Technology Court Riverside, CA 92507
Date Signed:	Date Signed:

APPROVED AS TO FORM:

Minh C. Tran
Deputy County Counsel

By: _____
Lynne McGhee for Esen Sainz
Deputy County Counsel

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MOU TERMS AND CONDITIONS

I. DEFINITIONS

- A. The term “First 5” refers to the Riverside County Children and Families Commission, also known as First 5 Riverside County.
- B. The term “RUHS-PH” refers to the Riverside University Health System – Public Health, which has administrative responsibility for this MOU.
- C. The term “CHW” refers to a Community Health Worker who serves as a vital link between the public and health services to promote health among individuals, families, and groups including those who do not have access to adequate care, the underserved and at-risk populations. CHWs are not clinicians or licensed providers.
- D. The term “WPHS” refers to a comprehensive assessment tool developed by Riverside County that evaluates an individual's health across six domains, which include physical health, emotional health, resource utilization, socioeconomics, ownership, nutrition and lifestyle.

II. OBJECTIVE

First 5 desires to contract with RUHS-PH for CHW services. RUHS-PH will provide CHW services to Riverside County residents, including but are not limited to health education, health navigation, individual support and advocacy, and assistance with administering assessments and/or re-assessments of the County's WPHS assessment as well as other non-clinical assessments related to programs under First 5.

III. First 5 RESPONSIBILITIES

First 5 shall:

- 1. Establish program priorities and coordinate day-to-day on-site assignments for CHWs assigned to First 5 within the approved scope. RUHS-PH shall retain responsibility for employment supervision, personnel administration, qualifications, required training, Medi-Cal supervising-provider responsibilities, documentation standards, and billing compliance. Assigned activities shall include the following services, consistent with applicable DHCS Community Health Worker Services Benefit requirements: Health Education: Promoting a client's health or addressing barriers to physical 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 client's health or ability to self-manage their health conditions.
- 2. Health Navigation: Providing information, training, referrals, or support to assist clients to access health care, understand the health care delivery system, or engage in their own care. This includes connecting client to community resources necessary to promote health; address barriers to care, including connecting client to medical translation or transportation services; or address health related social needs. Under health navigation, CHWs can also:
 - a) 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.
 - b) Perform outreach and resource coordination to encourage and facilitate the use of appropriate preventive services; or

- c) Help a client 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.
 - 3. Screening and Assessment: Providing screening and assessment services that do not require a license and assisting a client with connecting to services to improve their health.
 - 4. Individual Support or Advocacy: Assisting a client 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.
- A. Provide adequate space for CHW to perform essential services within CHW scope of work.
 - B. Furnish space with functional furniture such as; one (1) office chair and one (1) desk per CHW.
 - C. Provide CHW with office supplies upon request such as; printer paper, pens, markers, highlighters, notepads, etc.
 - D. Reimburse RUHS-PH for services and activities provided as specified in the attached Budget and Scope of Work.
 - E. Review and concur with progress reports for activities and services completed as specified in the Budget and Scope of Work.
 - F. Collaborate with RUHS-PH on information requests from internal or external partners, such as the Auditor Controller's office.

I. RUHS-PH RESPONSIBILITIES

RUHS-PH shall:

- A. Assign three (3.0) full-time equivalent Community Health Worker II positions to provide services under this MOU. Before deployment, the parties shall approve a written deployment plan identifying service locations, assignments, work schedules, and coverage arrangements. Assigned CHWs shall be proficient in English and Spanish. RUHS-PH shall notify First 5 promptly of vacancies or staffing changes and coordinate qualified temporary coverage when available. Invoices shall reflect actual allowable costs attributable to First 5 assignments and shall not include salary or benefit costs for unfilled positions.
- B. Shall provide CHW(s) with equipment such as; one (1) laptop, one (1) monitor, one (1) translator device, and mobile cellular phone upon deployment.
- C. Invoice First 5 for services and activities provided as specified in ATTACHMENT I, AND ATTACHMENT II.
- E. Provide and maintain the access, authorizations, training, and technical assistance necessary for assigned CHWs to use Epic and RivCoONE Connect, document services, and support compliant billing. RUHS-PH shall maintain the supervising-provider infrastructure and applicable billing arrangements necessary to submit eligible claims.
- F. Protect the privacy and security of any patient/client(s) data to which it has access.
- G. Advise First 5 in writing of all new or updated State regulations, recommendations, and or directives related to deliverables in this MOU.
- H. Collaborate with First 5 on information requests from internal or external partners, such as the Auditor Controller's office.

- I. Utilize the WPHS in coordination with First 5.
- J. Submit monthly aggregate performance reports within 20 calendar days after each service month. Reports shall identify staffing and assigned hours, clients served, services delivered, referral completion, and billable units submitted. Reports shall exclude individually identifiable client information.
- K. Participate with First 5 in six-month and twelve-month evaluations addressing service access, staffing coverage, referral completion, reimbursement performance, net cost, and the feasibility of continuing or expanding the model.

IV. MEETINGS

- A. Both Parties shall meet as necessary to support implementation of the MOU.
- B. Program, fiscal and management staff from RUHS-PH and First 5 will hold project status meetings as needed. All liaisons will meet at the mid-point and year-end to review fiscal reports.
- C. These meetings will serve as a communication arena with discussion that may include, but is not limited to, the following: progress on activities delineated in the work plan, progress reports, fiscal reports, status of services and activities contained in this MOU and other topics as needed.

V. FISCAL PROVISIONS

A. MAXIMUM AMOUNT

Total payment under this MOU shall not exceed THREE HUNDRED SEVENTY-NINE THOUSAND, TWO HUNDRED FORTY-TWO DOLLARS (\$379,242), made in accordance with ATTACHMENT II – BUDGET.

RUHS-PH shall submit eligible CHW claims to applicable Medi-Cal payers and apply reimbursement attributable to services funded under this MOU to reduce costs charged to First 5. Reimbursement is subject to eligibility, documentation, payer requirements, and claims adjudication.

B. DOCUMENTATION

RUHS-PH shall invoice First 5 for the services listed in Attachment II on a monthly basis.

C. METHOD, TIME, AND SCHEDULE/CONDITION OF PAYMENTS

- 1. RUHS-PH shall submit an itemized monthly invoice within 30 calendar days after each service month to RCCFC-CGA-Team@rivco.org, with the following supporting documentation:
 - i. Journal Entry Worksheet
 - ii. Labor Distribution report
 - iii. Performance report; actual cost detail and allocation support; and a reimbursement reconciliation identifying claims submitted, paid, denied, and pending, reimbursement received, associated service periods, and credits applied.
- 2. RUHS-PH shall reduce each monthly invoice by reimbursement received and attributable to services funded under this MOU. First 5 shall reimburse actual allowable costs within the approved scope and budget that remain after applicable third-party reimbursement, subject to the \$379,242 maximum.
- 3. RUHS-PH shall reconcile costs, invoices, and attributable third-party reimbursement at least quarterly and at closeout. Reimbursement received after the related costs have been invoiced shall be credited on the next invoice or returned to First 5 by journal entry if no further invoice is due. This obligation shall survive expiration or termination until

related claims and reimbursement adjustments are resolved. Combined reimbursement applied to the same costs shall not exceed actual allowable costs.

4. RUHS-PH will charge actual overhead costs not to exceed the negotiated line-item budget amount.

First 5 shall reimburse RUHS-PH by journal entry within 30 calendar days after receipt of a complete and acceptable invoice and required supporting documentation

5. Budget line-item adjustments require prior written approval by First 5 and shall remain within the approved maximum amount, term, scope, and funding structure. Adjustments shall not reduce required staffing or deliverables without the approval required by the Commission's action.

D. RECORDS, INSPECTIONS, AND AUDITS

1. First 5 and RUHS-PH shall maintain books, records, documents and other evidence pertaining to costs and expenses claimed under this MOU. Both parties shall maintain these records for three (3) years after payment has been made or until all pending county, state, and federal audits, if any, are completed, whichever is later.
2. Any authorized representative of the County of Riverside, State of California, and the federal government shall have access to any books, documents, papers, electronic data and other records, which these representatives may determine to be pertinent to this MOU, for performing an audit, evaluation, inspection, review, assessment, or examination. These representatives are authorized to obtain excerpts, transcripts, and copies, as they deem necessary. Further, these authorized representatives shall have the right at all times to inspect or otherwise evaluate the work performed, or being performed, under this MOU and the premises in which it is being performed.
3. Access to records includes, but is not limited to, service delivery, referral, financial, and administrative documents for three (3) years after payment is made, or until all pending county, state, and federal audits are completed, whichever is last.

NON-DUPLICATION OF REIMBURSEMENT Neither party shall claim or receive duplicate reimbursement for the same cost or service. RUHS-PH shall identify and apply attributable third-party reimbursement as required by the Fiscal Provisions.

VI. GENERAL PROVISIONS

A. EFFECTIVE PERIOD

This MOU is effective for 12 months beginning on the date of the last signature by the parties, unless terminated earlier. Any extension requires prior Commission approval and a written amendment executed by both parties.

B. SUB-CONTRACT FOR SERVICE

No agreement shall be made by the First 5 or RUHS-PH with any party to furnish any of the services herein contained without the prior written approval of the other Party. First 5 and RUHS-PH will be responsible for monitoring subcontracting work and ensuring compliance with grant requirements and County policies.

C. MINIMUM QUALIFICATIONS AND TRAINING

RUHS-PH shall ensure that CHWs performing services under the terms of this MOU meet the minimum qualifications set forth by Department of Health Care Services (DHCS), All Plan Letter #24-006, Community Health Worker Services Benefit.

D. CONFLICT OF INTEREST

First 5 and RUHS-PH covenant that they presently have no interest in, including but not limited to, other projects or independent agreements, and shall not acquire any such interest, direct or indirect, which is, or which First 5 or RUHS-PH believes to be, incompatible in any manner or degree with the performance of services required to be performed under this MOU. First 5 and RUHS-PH further covenant that in the performance of this MOU, no person having any such interest shall be employed or retained by First 5 or RUHS-PH under this MOU. First 5 and RUHS-PH shall disclose all interests that are or are believed to be incompatible with any interest of either party.

E. CONFIDENTIALITY

First 5 and RUHS-PH shall maintain the confidentiality of all information and records and comply with all other statutory laws and regulations relating to privacy and confidentiality.

F. COMPLIANCE WITH RULES, REGULATIONS, REQUIREMENTS, AND DIRECTIVES

First 5 and RUHS-PH shall comply with all rules, regulations, requirements, and directives of the California Department of Public Health, other applicable state agencies, and funding sources that impose duties and regulations upon RUHS-PH or First 5.

G. NOTICES

All notices, statistical reports, correspondence, and/or statements authorized or required by this MOU shall be addressed as follows:

RUHS-PH	Riverside University Health System – Public Health Procurement and Logistics - Contracts Unit 4065 County Circle Drive, Suite 403 Riverside, CA 92503
First 5	Riverside County Children and Families Commission 585 Technology Court Riverside, CA 92507

All notices shall be deemed effective when they are in writing and deposited in the United States mail, postage prepaid, and addressed as indicated above. Any notices, correspondence, reports, and/or statements authorized or required by this MOU addressed in any other fashion will not be acceptable, except invoices and other financial documents, which must be addressed to:

RUHS-PH	Riverside University Health System – Public Health Fiscal Services P.O. Box 7849 Riverside, CA 92513 or rivcoph-ap@ruhealth.org
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H. DISPUTES

The parties shall attempt to resolve any disputes amicably at the working level. If that is not successful, the dispute shall be referred to the Director of First 5 and the Director of RUHS-PH for mutual resolution. First 5 shall proceed diligently with the performance of this Agreement pending the resolution of a dispute.

I. TERMINATION

This MOU may be terminated without cause by either party by giving thirty (30) days written notification to the other party. In the event RUHS-PH or First 5 elects to abandon, indefinitely postpone, or terminate this MOU, First 5 shall make payment for all services provided by RUHS-PH up to the date that written notice was given in a prorated amount.

J. MODIFICATION OF TERMS

No other addition to, or alteration of the terms of this MOU, whether by written or verbal understanding of the parties, their officers, agents or employees, shall be valid unless made in the form of a written amendment to this MOU which is formally approved and executed by both parties. Requests to modify fiscal provisions shall be submitted no later than 90 days prior to the end of the contract.

K. ENTIRE AGREEMENT

This MOU constitutes the entire agreement between the parties hereto with respect to the subject matter hereof, and all prior or contemporaneous agreements of any kind or nature relating to the same shall be deemed to be merged herein.

[SIGNATURES ON PAGE 1]

ATTACHMENT I



TO: ALL MEDI-CAL MANAGED CARE PLANS

SUBJECT: COMMUNITY HEALTH WORKER SERVICES BENEFIT

I. PURPOSE:

The purpose of this All Plan Letter (APL) is to provide Medi-Cal managed care plans (MCPs) with guidance regarding the qualifications for becoming a Community Health Worker (CHW), the definitions of eligible populations for CHW services, and descriptions of applicable conditions for the CHW benefit.

II. BACKGROUND:

Per State Plan Amendment (SPA) 22-0001, CHW services are preventive health services as defined in Title 42 Code of Federal Regulations (CFR) Section 440.130(c).^{1,2} CHW services may assist with a variety of concerns impacting Members, including but not limited to, the control and prevention of chronic conditions or infectious diseases, behavioral health conditions, and need for preventive services. Additionally, 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. CHWs tend to be members of the community they serve and link Members to health and social services to improve overall quality of services delivered.

CHW services are defined as 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 promotores, community health representatives, navigators, and other non-licensed public health workers, including violence prevention professionals, with the qualifications specified below.

Through their community connection and engagement, CHWs will advance the California Advancing and Innovating Medi-Cal (CalAIM) initiative's efforts in providing equitable health care through culturally competent services and further promote the MCP's contractual obligations to meet Department of Health Care Services' (DHCS) broader Population Health Management (PHM) standards.^{3,4} MCPs may have already begun to employ CHWs to implement a wide array of activities, including support for Basic Population Health Management (defined as an approach to care that ensures needed programs and services, including primary care, are made available to each Member at the right time and in the right setting) and support for Transitional Care Services (defined as Members transferring from one setting or level of care to another), particularly when Members are discharged back to a home or a community-based setting. CHWs may also already perform a care management role in Enhanced Care Management (ECM).⁵ The CHW services benefit described in this APL provides a mechanism for providing and reimbursing

for services provided by CHWs. MCPs are not precluded from continuing to leverage CHWs in-house at the MCP or otherwise outside the scope of this benefit. In the case of CHWs performing a role in ECM, however, Providers may not bill for both ECM and the CHW benefit for the same Member, as described below.

III. POLICY:

CHW Provider Requirements and Qualifications

Required CHW Minimum Qualifications:

CHWs must have lived experience that aligns with and provides a connection between the CHW, and the Member or population being served. This may include, but is not limited to, experience related to incarceration, military service, pregnancy and birth, disability, foster system placement, homelessness, mental health conditions or substance use disorders, or being a survivor of domestic or intimate partner violence or abuse and exploitation. Lived experience may also include shared race, ethnicity, sexual orientation, gender identity, language, or cultural background with one or more linguistic, cultural, or other groups in the community for which the CHW is providing services. Supervising Providers (the organizations employing or otherwise overseeing the CHWs with which the MCP contracts, as described below) are encouraged to work with CHWs who are familiar with and/or have experience in the geographic communities they are serving. Supervising Providers must maintain evidence of this experience. CHWs must demonstrate, and Supervising Providers must maintain evidence of, minimum qualifications through one of the following pathways, as determined by the Supervising Provider:

- Certificate Pathway: CHWs demonstrating qualifications through the Certificate Pathway must provide proof of completion of at least one of the following certificates:
 - 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.⁶ Certificate programs must also include field experience as a requirement.

A CHW Certificate allows a CHW to provide all covered CHW services described in this APL, including violence prevention services.

- 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.

A VPP Certificate allows a CHW to provide CHW violence prevention services only. 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.

- Work Experience Pathway: An individual who has at least 2,000 hours working as a CHW in paid or volunteer positions within the previous three years and has demonstrated skills and practical training in the areas described above, as determined, and validated by the

Supervising Provider, may provide CHW services without a certificate of completion for a maximum period of 18 months. A CHW who does not have a certificate of completion must earn a certificate of completion, as described above, within 18 months of the first CHW visit provided to a member.

CHWs must complete a minimum of six hours of additional relevant training annually, which can be in the core competencies or specialty area. The Supervising Provider must maintain evidence of this training. Supervising Providers may provide and/or require additional training, as identified by the Supervising Provider.

CHW Service Provision During the Following Emergency Department Visits and Encounter Data

No later than March 2025, MCPs are required to have approved and operable policies and procedures (P&Ps) to effectuate a billing pathway for Supervising Providers, including contracted hospitals, to claim for provisions of CHW services to Members during an emergency department visit and/or as outpatient follow-up to an emergency department visit. The billing pathway may be structured as a sub-capitated rate, an add-on rate to existing payments, or another billing and payment arrangement agreed upon with the Provider. 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.⁹ Please refer to the “Member Eligibility Criteria for CHW Services” section of this APL for recommendation requirements for CHW services. MCPs must report all CHW service encounters to DHCS.

Supervising Provider:

A Supervising Provider is an enrolled Medi-Cal provider employing or otherwise overseeing the CHW, with which the MCP contracts. The Supervising Provider ensures that CHWs meet the qualifications listed below in this APL, oversees CHWs and the services delivered to MCP Members, and submits claims for services provided by CHWs. 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).¹⁰ MCPs must not require Supervising Providers to have a licensed Provider on staff in order to contract with the MCP to bill for CHW services.

The Supervising Provider does not need to be the same entity as the Provider who made the referral for CHW services. Supervising Providers do not need to be physically present at the location when CHWs provide services to Members. Management and day-to-day supervision of CHWs as employees may be delegated as determined by the Supervising Provider. However, the Supervising Provider is responsible for ensuring the provision of CHW services complies with all applicable requirements.

Supervising Providers must provide direct or indirect oversight to CHWs. Direct oversight 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. Indirect oversight 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.

MCPs must ensure that Supervising Providers or their Subcontractors contracting with or employing CHWs to provide covered CHW services to Members verify that CHWs have adequate supervision and training.

IV. Member Eligibility Criteria for CHW Services

CHW services require a written recommendation submitted to the MCP by a physician or other licensed practitioner of the healing arts within their scope of practice under state law. 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 of the Emergency Department visit. The recommending licensed Provider does not need to be enrolled in Medi-Cal or be a Network Provider within the Member's MCP or employed by the Supervising Provider. 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.

- The required recommendation can be provided by a written recommendation placed in the Member's record or a standing recommendation by the MCP based on eligibility criteria for CHW services as described in the Medi-Cal Provider Manual.

Please note that while a recommendation for CHWs services is required to be submitted to MCPs, MCPs must not require prior authorization for CHW services as preventive services for the first 12 units, as described in the section below on "Billing, Claims, and Payments."

The recommending licensed Provider must ensure that a Member meets eligibility criteria before recommending CHW services. 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. 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:

- 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.
- 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.
- Any stressful life event presented via the Adverse Childhood Events screening.
- Presence of known risk factors, including domestic or intimate partner violence, tobacco use, excessive alcohol use, and/or drug misuse.
- Results of a SDOH screening indicating unmet health-related social needs, such as housing or food insecurity.
- One or more visits to a hospital emergency department within the previous six months.
- One or more hospital inpatient stays, including stays at a psychiatric facility, within the previous six months, or being at risk of institutionalization.
- One or more stays at a detox facility within the previous year.
- Two or more missed medical appointments within the previous six months.
- Member expressed need for support in health system navigation or resource coordination services.

CHW violence prevention services are specific to community violence (e.g., gang violence). CHW services can be provided to Members for interpersonal/domestic violence through the other pathways with training/experience specific to those needs.

In addition to Recommending Providers identifying a Member's need for CHW services, MCPs 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. MCPs should use these 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. MCPs should also encourage Providers to communicate with Members about the availability of CHW services. Additionally, MCPs should use SDOH Z-codes, results of SDOH screening questions, or other appropriate SDOH data sources to help with identification and assessment of priority populations as specified by DHCS.¹¹ MCPs are encouraged to ensure that priority populations match the unique needs of their local population in terms of lived experience, and target specific communities that are most vulnerable, including but not limited to populations experiencing health disparities as identified in DHCS' Health Disparities Report and communities residing in Quartiles one and two as defined by the California Healthy Places Index.

V. Documentation Requirements

CHWs are required to document the dates and time/duration of services provided to Members. Documentation should also reflect information on the nature of the service provided and support the length of time spent with the patient that day. For example, documentation might state, "Discussed the patient's challenges accessing healthy food and options to improve the situation for 15 minutes. Assisted with the Supplemental Nutrition Assistance Program application for 30 minutes. Referred patient to [XYZ] food pantry." Documentation must be accessible to the Supervising Provider upon their request. Documentation should be integrated into the Member's medical record and available for encounter data reporting.

VI. Plan of Care

For Members who need multiple ongoing CHW services or continued CHW services after 12 units of services as defined in the Medi-Cal Provider Manual, a written care plan 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. 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.

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 and/or other Providers referenced in this section. The plan of care may not exceed a period of one year. The plan of care must:

- 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 plan's objectives.

A licensed Provider must review the Member's plan of care at least every six months from the effective date of the initial plan of care. The licensed Provider must determine if progress is being made toward the written objective and whether services are still medically necessary. If there is a significant change in the recipient's condition, Providers should consider amending the plan for continuing care or discontinuing services if the objectives have been met.

VII. Covered CHW Services including Violence Prevention Services

CHW services can be provided as individual or group sessions. The services can also 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. Supervising Providers should refer to the Telehealth section in Part two of the Provider Manual for guidance regarding Telehealth.¹⁴

Services include:

- 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: 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:
 - 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;
 - Perform outreach and resource coordination to encourage and facilitate the use of appropriate preventive services; or
 - 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.
- Screening and Assessment: Providing screening and assessment services that do not require a license and assisting a Member with connecting to appropriate services to improve their health.
- Individual Support or Advocacy: 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.

Services may be provided to a parent or legal guardian of a Member under age 21 for the direct benefit of the Member, in accordance with a recommendation from a licensed Provider. A service for the direct benefit of the Member must be billed under the Member's Medi-Cal ID. If the parent or legal guardian of the Member is not enrolled in Medi-Cal, the Member must be present during the session.

CHWs may render street medicine. The Supervising Provider would bill MCPs for any appropriate and applicable services within the scope of the CHW benefit.

Covered CHW services do not include any service that requires a license.

VIII. Non-Covered CHW Services

- Clinical case management/care management that requires a license
- Childcare
- Chore services, including shopping and cooking meals
- Companion services
- Employment services
- 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
- Delivery of medication, medical equipment, or medical supply
- Personal Care services/homemaker services
- Respite care
- Services that duplicate another covered Medi-Cal service already being provided to a Member
- Socialization
- Transporting Members
- Services provided to individuals not enrolled in Medi-Cal, except as noted above
- Services that require a license

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. CHW services are distinct and separate from Peer Support Services.

IX. Provider Enrollment

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/Re-credentialing and Screening/Enrollment, or any superseding APL, if there is a state-level enrollment pathway for them to do so.^{15 16}

CHWs are not required to enroll as Medi-Cal Providers and are therefore not subject to the requirements in APL 22-013, Provider Credentialing/Re-Credentialing and Screening/Enrollment. MCPs must develop and submit P&Ps for how they will ensure that Providers and Subcontractors that serve as CHW Supervising Providers are certifying that their CHWs have the appropriate training, qualifications, and supervision. MCPs must consider, at the minimum, the following CHW Supervising Provider characteristics in their P&Ps:

- MCP's ability to receive referrals from licensed practitioners for CHW benefits
- MCPs validating Supervising Providers are appropriately assessing CHWs have sufficient experience to provide services
- Ensuring Supervising Providers have the ability to submit claims or encounters to MCPs using standardized protocols
- MCPs ensuring Supervising Providers have business licensing that meet industry standards
- MCP's capability to comply with all reporting and oversight requirements

- MCP's monitoring processes for fraud, waste, and/or abuse of CHW services
- MCP's process for monitoring recent history of criminal activity of Supervising Providers
- MCP's process for monitoring history of liability claims against the Supervising Provider

X. Billing, Claims, and Payments

CHW services must be reimbursed through a CHW Supervising Provider in accordance with its Provider contract. Since CHW services are a preventive service, MCPs must not require prior authorization for CHW services; however, quantity limits can be applied based on goals detailed in the plan of care. MCPs must not establish unreasonable or arbitrary barriers for accessing coverage. Claims for CHW services must be submitted by the Supervising Provider with allowable current procedural terminology codes as outlined in the Medi-Cal Provider Manual. MCPs and all Subcontractors and Network

Providers must not double bill, as applicable, for CHW services that are duplicative to services that are reimbursed through other benefits such as ECM, which is inclusive of the services within the CHW benefit. Therefore, MCPs must ensure that Providers do not bill for CHW services and ECM for the same Member for the same time period.

Tribal clinics may bill MCPs for CHW services at the Fee-for-Service rates using the CPT codes as outlined in the Provider Manual.¹⁷

Pursuant to Welfare and Institutions Code (WIC) 14087.325(d)¹⁸, MCPs are required to reimburse contracted Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) in a manner that is no less than the level and amount of payment that the MCP would make for the same scope of services if the services were furnished by another Provider type that is not an FQHC or RHC. This requirement applies to CHW services provided to eligible Medi-Cal Members consistent with the provisions outlined in this APL.

XI. Access Requirements for CHW Services

As part of their Network composition, MCPs must ensure and monitor sufficient Provider Networks within their service areas, including for CHW services. MCPs should prioritize usage of CHW services for priority populations as mentioned above. DHCS strongly encourages MCPs to contract with existing CHW Networks serving Medi-Cal populations, especially those in local public health departments.

Specifically, DHCS encourages MCPs to ensure adequate CHW Networks to:

- Support integrated behavioral health models of care, including by increasing screening, brief intervention, and referral to treatment for substance use and mental health conditions for all age groups but especially children, youth, and pregnant/postpartum populations.
- Support improvements in access and utilization of children's preventive care services, especially focused on engagement of communities experiencing health disparities and leveraging DHCS-provided reports of Members who have not utilized services to guide the identification and engagement of target populations.
- Support improved birth outcomes by improving support of pregnant persons during the prenatal and postpartum period (through 12 months post-partum) in the clinical and home settings, and leveraging Comprehensive Perinatal Services Program perinatal health workers, where appropriate.

XII. DHCS Monitoring

DHCS will monitor MCPs' implementation of CHW requirements through existing data reporting mechanisms, such as encounter data, grievances, and appeals. CHWs are not required to be entered in the 274 Network Provider File. As such, DHCS will obtain the number of CHWs within each Network, initially from the MCP through the CHW Integration Plan and included later through the PHM readiness submission as well as post-transition monitoring of CHW utilization.

MCPs must review their contractually required P&Ps to determine if amendments are needed to comply with this APL. If the requirements contained in this APL, including any updates or revisions to this APL, necessitate a change in an MCP's contractually required P&Ps, MCPs must submit their updated P&Ps to their Managed Care Operations Division (MCOD) Contract Manager within 90 days of the release of this APL, stating that the MCP's P&Ps have been reviewed and no changes are necessary. The email confirmation must include this APL title and the applicable APL release date in the subject line.

MCPs are responsible for ensuring that their Subcontractors and Network Providers comply with all applicable state and federal laws and regulations, Grievance and Appeal requirements¹⁹, Contract requirements, and other DHCS guidance, including APLs and Policy Letters.²⁰ These requirements must be communicated by each MCP to all Subcontractors and Network Providers. DHCS may impose Corrective Action Plans (CAP), as well as administrative and/or monetary sanctions for non-compliance. For additional information regarding administrative and monetary sanctions, see APL 23- 012, and any subsequent iterations on this topic. Any failure to meet the requirements of this APL may result in a CAP and subsequent sanctions.

If you have any questions regarding this APL, please contact your MCOD Contract Manager.

ATTACHMENT II

COMMUNITY HEALTH WORKER SERVICES BUDGET

Budget period: Twelve (12) months beginning on the Effective Date of this MOU.

A. Overall Cost Summary

DESCRIPTION	BUDGETED AMOUNT
COMMUNITY HEALTH WORKER— POSITION 1 (1.0 FTE)	\$126,414
COMMUNITY HEALTH WORKER—POSITION 2 (1.0 FTE)	\$126,414
COMMUNITY HEALTH WORKER—POSITION 3 (1.0 FTE)	\$126,414
TOTAL NOT-TO-EXCEED AMOUNT:	\$ 379,242

This budget covers the twelve-month period beginning on the Effective Date of this MOU. Charges shall reflect actual costs incurred for Community Health Worker services provided under this MOU and shall be supported by documentation consistent with the MOU's invoicing requirements. Total charges for this period shall not exceed \$379,242.

ATTACHMENT III
SAMPLE INVOICE ONLY – PAYMENT BASED ON ACTUAL ALLOWABLE COSTS



BILL TO		INVOICE #	DATE
Riverside County Department POC (###) ###-#### name@rivco.org		FY 26/27 July	11/15/2026
DESCRIPTION	QTY	UNIT PRICE	AMOUNT
Community Health Worker	1	126,414.00	126,414.00
Billable Encounters			
CHW Name	Insurance	Payment rcvd	
CHW#1	IEHP	50,000.00	
CHW#1	Medi-Cal	25,000.00	
CHW#1	Molina	5,000.00	
		Total Payments Received during invoice period	(80,000.00)
TOTAL AMOUNT DUE			\$ 46,414.00

If you have any questions about this invoice, please contact

Budget Accountant at (951)358-#### or name@ruhealth.org

