

September 3, 2021

Department of Health Care Services  
Benefits and Eligibility Division  
P.O. Box 997413, MS 0000  
Sacramento, CA 95899-7413

Submitted via email to [Medi-Cal.Benefits@dhcs.ca.gov](mailto:Medi-Cal.Benefits@dhcs.ca.gov)

Dear Ms. Murawski:

Thank you for the opportunity to comment on the Department of Health Care Services (DHCS)'s forthcoming State Plan Amendment to add Community Health Workers (CHW) as a covered Medi-Cal benefit. We applaud DHCS for pursuing this policy change, as CHWs have been a critical source of care in communities across California for decades.

Community Health Councils (CHC) is a non-profit, community-based systems change organization established in 1992 in response to the growing health and healthcare crisis. CHC's mission is to collectively build equitable systems, and for nearly thirty years, has been at the forefront of systems change work to eliminate disparities in health and well-being. CHC has partnered with CHW organizations for years and is a strong advocate for expanding the model and fully integrating the CHW workforce into Medi-Cal. Currently, CHC is providing fiscal and administrative support for the Los Angeles County Department of Public Health's COVID-19 CHW Outreach Initiative which is distributing sub-grants to fifteen CBOs to provide education and outreach related to COVID-19 and vaccinations.

Since the announcement of the SPA this summer, CHC has been researching the multiple states who have established reimbursement for CHWs in their state Medicaid plans through both SPAs and 1115 Demonstration Waivers. Informed by this research, and in response to DHCS's call for comments related to CHW services, certification processes, and supervision requirements, CHC puts forth the following recommendations for California's SPA.

#### **Certification and Licensure Processes Must Minimize Barriers to Participation**

The certification process or licensure requirement for CHWs to be reimbursed by Medi-Cal should minimize the barriers to the profession and ensure existing CHWs are not excluded. In states such as South Dakota and Ohio, certification is possible through multiple different avenues, including gaining credit for prior work and life experiences.<sup>i</sup> The certification process in California should not impose barriers related to cost, documentation status, higher education requirements, or discriminate based on history with the criminal justice system. Additionally, California should look to the South Dakota model of a CHW collaborative which oversees the scope of practice definition and identifies credentialing and training programs for CHWs in the state.<sup>ii</sup>

#### **Include Community-Based Organizations as Supervising Entities**

In the August 18 presentation to stakeholders, DHCS introduced the potential to include Community-Based Organizations (CBOs) as supervising entities, who would thus be able to bill Medi-Cal and be reimbursed for CHW services. CHC strongly supports this proposal and urges DHCS to include it in the SPA. While we recognize this necessitates federal approval, including CBOs as full partners in the effort to support and expand the CHW workforce is essential. CBOs have long employed and contracted with CHWs directly, and not all CHWs are supervised by licensed healthcare professionals in traditional

clinical settings. Ensuring that CHWs can continue their work with CBOs increases their proximity to the communities they serve, and the leadership roles they hold within those communities.

### Ensure Community Health Centers can be Reimbursed Equitably for CHW Services

Over 7 million Californians—the majority of whom live under the federal poverty line—currently receive their healthcare from community health centers.<sup>iii</sup> Community health centers also serve a large portion of California’s growing unhoused population, a demographic that CHWs are uniquely equipped to serve, and have been supporting through the Whole Person Care pilots. As reimbursement rates for community health centers are dictated by the Federally Qualified Health Center/Rural Health Center PPS (Prospective Payment System) rates, DHCS must work with clinics to create an equitable alternative payment methodology to ensure this benefit can be fully leveraged by all providers in Medi-Cal, including the clinics who overwhelmingly serve low-income Californians.

### Establish Payment Rates that Match a Living Wage and Promote Economic Justice for CHWs

Establishing an equitable Medi-Cal reimbursement is a critical opportunity to advance economic justice for CHWs. In California and nationally, the CHW workforce is primarily made up of women of color and paid far less than other healthcare professionals.<sup>iv</sup> As DHCS sets the rates that will correspond with Medi-Cal billing codes in the SPA, we urge the Department to ensure these rates will provide economic security for CHWs particularly given California’s high cost of living. As the California Future Health Workforce Commission has recommended, creating opportunities for CHWs is one component to sustaining a racially diverse healthcare workforce that can meet the needs of California’s population.<sup>v</sup>

In addition to the above recommendations, we want to emphasize the importance of having CHWs and CHW organizations lead the efforts to shape this SPA and inform the regulations (including the Provider Manual and subsequent policy letters) that will be created after its approval. ***We urge DHCS to ensure a continuous feedback loop is created with stakeholders after the submission of the SPA and through the implementation process to ensure challenges from the field can be addressed, and that best practices can be uplifted and expanded.***

Thank you for the opportunity to submit comments on this critical step to strengthen our healthcare workforce. We look forward to further discussing these recommendations at the upcoming CHW Stakeholder Engagement meetings. If you would like to discuss this letter and recommendations in more detail, please contact our Senior Healthcare Policy Analyst Stephanie Thornton at [sthornton@chc-inc.org](mailto:sthornton@chc-inc.org).

Sincerely,



Veronica Flores  
Chief Executive Officer

---

<sup>i</sup> Community Health Worker Collaborative of South Dakota. “Community Health Worker Titles and Training Programs.” [CHW-Training-and-Titles-Infographic-Final-2021.03.29.pdf \(secureservercdn.net\)](#)  
UHCAN Ohio. “Integrating Community Health Workers in Ohio’s Health Care Teams.”  
<http://grc.osu.edu/sites/default/files/inline-files/CHWUCHANReportFinal.pdf>

<sup>ii</sup> Community Health Worker Collaborative of South Dakota. <https://chwsd.org/>

<sup>iii</sup> Community Health Centers: 2020 State Profile. California Primary Care Association. [CHC Data and Reports \(cpca.org\)](#)

<sup>iv</sup> “Community Health Workers Advancing Child Health Equity.” The Children’s Partnership, June 2021. [TCP-Community-Health-Workers-Final-Single-Pages-1.pdf \(childrenspartnership.org\)](#)

<sup>v</sup> “Meeting the Demand for Health: Final Report of the California Future Health Workforce Commission.” [Meeting the Demand for Health: Final Report of the California Future Health Workforce Commission](#)