Community Health Workers & *Promotores* in the Future of Medi-Cal

Tip Sheet: Medi-Cal Funding Streams for CHW/P/R Services

Community health workers, *promotores*, and community health representatives (CHW/P/Rs) are trusted community members who use their lived experience and connection to the community to address social determinants of health, increase access to services, and improve health outcomes. CHW/P/Rs deliver a range of services, such as providing health education, helping people navigate the health care system, and administering screenings and assessments. These programs have historically been funded through grants, private contracts, and pilot programs, which can be difficult to sustain long-term.

California has implemented an array of Medi-Cal reimbursement options for CHW/P/R services to support increased access to these programs and greater program financial sustainability. These reimbursement opportunities for services either provided directly by CHW/P/Rs or with CHW/P/Rs as a part of the care team include:

- CHW Benefit
- Community Health Integration Services G-codes
- Enhanced Care Management (ECM)
- Community Supports
- Dental CHW Services
- Enhanced CHW (E-CHW) services managed by select county behavioral health plans

The CHW benefit, G-codes, ECM, and Community Supports are managed by Medi-Cal managed care plans (MCPs). Dental CHW services are managed by Medi-Cal dental for fee-for-service members and dental managed care plans for dental managed care members. E-CHW services are managed by county behavioral health plans that have opted in through Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT), which may include specialty mental health services through county mental health plans (MHPs), County Drug Medi-Cal (DMC), and the Drug Medi-Cal Organized Delivery System (DMC-ODS).

This tip sheet highlights what California-based providers, community-based organizations, and other organizations employing CHW/P/Rs need to know about receiving reimbursement for these services in Medi-Cal. The tables on the following pages summarize each option — covered services, provider and member eligibility, CHW/P/R requirements, and key considerations and limitations — and include links to external resources to learn more. Organizations may apply this information to explore whether to expand their services based on what is reimbursable in Medi-Cal, or to pursue Medi-Cal reimbursement for services currently delivered by CHW/P/Rs or workers with different titles, such as health educators or health navigators.

Learn More

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Medi-Cal Funding Streams for CHW/P/R Services

Medi-Cal Community Health Worker (CHW) Benefit (Covered by Medi-Cal managed care plans and Medi-Cal fee-for-service)

Covered Services	Provider Eligibility	Member Eligibility	CHW/P/R Requirements	Key Considerations/Limitations
CHW/P/R core services include: • Health education • Health navigation • Screening and assessment • Individual support and advocacy Specially trained and certified CHW/P/Rs may also provide violence prevention services. The July 2026 update to the Medi-Cal provider manual detailed that health navigation services may include helping a member maintain enrollment in Medi-Cal and initiate or maintain enrollment in other health-related government or assistance programs, such as CalWORKs or CalFRESH.	• CHW supervising provider organization must be an enrolled Medi-Cal provider, provide oversight for CHWs and delivered services, including training and continuing education requirements, and submit claims for CHW services. • CHW supervising provider organization can be a licensed hospital, outpatient clinic, local health jurisdiction (LHJ), county children and families commission (First 5), community-based organization (CBO), pharmacy, or public institution of higher education. CHWs may be supervised by a CBO or LHJ without a licensed provider on staff. Federally qualified health centers (FQHCs) are not eligible provider organizations.	Eligibility criteria include: • A chronic health condition or suspected mental or substance use disorder that has not yet been diagnosed • Unmet social determinants of health • One or more recent visits to an acute care setting • Two or more missed recent medical appointments • Need for recommended preventive service • Recent release from incarceration	• Must have lived experience connected with the community or population served. • Must meet qualifications through the CHW Certificate or Work Experience Pathway or both. Under the CHW Certificate Pathway, must obtain training certificate of completion showing skills, training, and field experience. Under the Experience Pathway, must have 2,000 hours of paid or voluntary CHW work within the past three years and earn certificate of completion within 18 months. • Must complete at least 6 hours of additional training annually. • For violence prevention services, must obtain a Violence Prevention Professional certificate from Health Alliance for Violence Intervention, or gang intervention training from Urban Peace Institute.	• CHW services are billed by unit and the number of Medi-Cal members served. • Statewide standing recommendation authorizes CHWs to provide covered services without a referral, which can be reimbursed using established Current Procedural Terminology billing codes 98960, 98961, 98962 and are subject to all frequency and other policy requirements as outlined in Medi-Cal's policy, including a frequency limit of 4 units (30 minutes/unit) per day. • CHW services continued for more than 12 units within a single year from the initial date of service require a written care plan submitted by a licensed provider, detailing the maximum frequency and duration of CHW services to meet goals. • Managed care plans (MCPs) contract with CHW supervising provider organizations to provide CHW services. The California Department of Health Care Services does not participate in provider-MCP contract negotiations and does not set or approve provider rates, which are handled between MCPs and providers. • Fee-for-service rates are available on the Medi-Cal Fee Schedule Search Tool. • CHW services can be provided virtually (via synchronous audiovisual or audio-only) or in person, in any setting.

Additional Resources

- Community Health Worker (CHW) Preventive Services (PDF)
- Frequently Asked Questions for Medi-Cal Community Health Worker Services — Provider Requirements
- Frequently Asked Questions for Medi-Cal Community Health Worker Services — Billing
- Standing Recommendations for CHW Services (PDF)
- Medi-Cal Fee-For-Service Provider Toolkit (PDF)

Sources: *Community Health Worker (CHW) Preventive Services*, California Department of Health Care Services (DHCS), last updated May 2026; "Frequently Asked Questions for Medi-Cal Community Health Worker Services-Provider Requirements," DHCS; "FAQ's for Medi-Cal Community Health Worker Services – Billing," DHCS; *Recommendations for Community Health Workers (CHW) Services for Eligible Medi-Cal Members* (PDF), DHCS, April 2025; and *Medi-Cal Fee-for-Service Provider Toolkit* (PDF), DHCS, October 2026.

Community Health Integration Services G-Codes (Covered by Medi-Cal managed care plans)				
Covered Services	**Provider Eligibility**	**Member Eligibility**	**CHW/P/R Requirements**	**Key Considerations/Limitations**
• Medi-Cal also reimburses for CHW services using HCPCS codes G0019 and G0022 (note: these Medicare Community Health Integration services fall under the broader CHW services umbrella). • Covered services are the same but focus more specifically on addressing unmet social determinants/drivers of health (SDOH) that significantly limit a provider's ability to diagnose or treat problems, which may impact a member's health outcomes.	• To provide services, a licensed provider must have conducted an initiating visit within the prior six months and identified an unmet SDOH need or multiple needs. • Initiating visit can provide office or other outpatient services, home or residence services, or preventive medicine services. Specific billing codes are listed in the Medi-Cal Provider Manual (PDF). • Licensed provider must either develop a treatment plan with general goals and details on how member needs will be addressed by a CHW, or review and approve a treatment plan developed by a CHW.	• Member must meet eligibility criteria to receive CHW services through a written recommendation from a licensed provider or through the standing recommendation. • Member must have one or more unmet SDOH needs that significantly limit provider's ability to diagnose or treat problems, which may impact the member's health outcomes.	• Same training requirements for Medi-Cal CHW benefit apply (see above).	• These codes adopt the Medicare descriptions for services, including allowing for services performed on behalf of the enrollee (not face-to-face interactions). • Services can be provided through Medi-Cal-approved synchronous telehealth modalities as outlined in the Telehealth Modalities (PDF) section of the Provider Manual. • Claims and treatment plan must include one or more of the ICD-10-CM diagnosis codes listed in the Provider Manual. • HCPCS code G0019 has a frequency limit of one unit (60 minutes) daily per member with any CHW. It cannot be billed during the same calendar month as CPT 98960 by the same supervising provider. • HCPCS code G0022 has a frequency limit of four units (two hours) per calendar month per member with any CHW. This code must always be billed in conjunction with HCPCS code G0019. • Standing recommendation does not apply.
Additional Resources • Community Health Worker FAQs for HCPCS codes G0019 and G0022 • Community Health Worker G-Code Billing Decision Tree (PDF) • Calendar Year 2025 Physician Fee Schedule Medicare Final Rule (US Centers for Medicare & Medicaid Services)				

Sources: *Community Health Worker (CHW) Preventive Services*, California Department of Health Care Services (DHCS), last updated May 2026; "Part 2 - Telehealth Modalities," in *Medi-Cal Provider Manual*, DHCS, last updated November 2025; "Community Health Worker FAQ's for HCPCS codes G0019 and G0022," DHCS; *Community Health Worker G-Code Billing Decision Tree* (PDF), DHCS, August 2026; "Search the Physician Fee Schedule," US Centers for Medicare and Medicaid Services, last updated March 10, 2026; and 89 Fed. Reg. 97710 (Dec. 9, 2024).

Enhanced Care Management (ECM) (Covered by Medi-Cal managed care plans)				
Covered Services	**Provider Eligibility**	**Member Eligibility**	**CHW/P/R Requirements**	**Key Considerations/Limitations**
• ECM core services include outreach and engagement, comprehensive assessment and care plan management, health promotion, enhanced care coordination, transitional care services, member and family supports, and coordination of and referral to community and social support services. • ECM is a team-based model, and CHW/P/Rs can be part of provider teams, including as the lead care manager, which is a required primary point of contact for each member receiving ECM.	• ECM providers must provide culturally appropriate and timely in-person care management and be Medi-Cal enrolled or otherwise screened and enrolled by a contracting managed care plan (MCP). • Providers must have a care management documentation system or process to support member care plan documentation. • MCPs must develop a network of ECM providers, which can be health care providers, including federally qualified health centers, community-based organizations, or social service providers.	• ECM is designed for the highest-risk Medi-Cal managed care members with complex medical and social needs. • Nine populations of focus include adults and children and youth, each with specific eligibility criteria.	• No statewide training requirements exist for CHW/P/Rs that are part of ECM care teams. • MCPs may require provider training on specific topics for ECM care teams.	• A Medi-Cal member actively receiving ECM cannot also receive services under the CHW benefit. Providers can be reimbursed for the CHW benefit for members before they are authorized for ECM, after they conclude ECM, and if ineligible for ECM. • MCPs determine reimbursement rates for ECM providers; rates vary by MCPs. • ECM providers should seek reimbursement for ECM services provided by CHWs through MCPs via the agreed-upon methods established during MCP contracting to provide ECM. • MCPs reimburse separately for initial outreach and ongoing service delivery. MCPs may pay a per-client per-month case rate or on a fee-for-service basis for ongoing services. • Services may be provided virtually when in-person communication is unavailable or does not meet member needs.

Additional Resources

- Enhanced Care Management Policy Guide — Updated September 2026 (PDF)
- Enhanced Care Management & Community Supports Resources
- Enhanced Care Management (ECM) Expectations for ECM Provider Networks & Approved Exceptions — Updated March 2024 (PDF)
- Frequently Asked Questions for Medi-Cal Community Health Worker Services — General Information

Sources: *CalAIM Enhanced Care Management Policy Guide*, California Department of Health Care Services (DHCS), last updated September 2026; "Enhanced Care Management & Community Supports Resources," DHCS; *Enhanced Care Management (ECM) Expectations for ECM Provider Networks & Approved Exceptions, Updated March 2024*, DHCS; and "FAQs For Medi-Cal Community Health Worker Services – General Information," DHCS.

Community Supports (Covered by Medi-Cal managed care plans)				
Covered Services	**Provider Eligibility**	**Member Eligibility**	**CHW/P/R Requirements**	**Key Considerations/Limitations**
• There are 15 Community Supports, which are services provided by MCPs. MCPs are encouraged but not required to offer every Community Support. • Many Community Supports have CHW/P/Rs as part of the team-based staffing model, including housing transition navigation services, housing tenancy and sustaining services, and recuperative care. CHW/P/Rs may have different titles providing these services, such as housing navigator.	• Community Supports providers must be Medi-Cal enrolled or vetted by MCP, with experience and expertise providing Community Supports in a culturally and linguistically appropriate manner.	• Each Community Support has specific eligibility criteria. MCPs have flexibility to establish additional eligibility criteria while meeting state requirements. • Services must be determined to be medically appropriate and cost-effective to Medicaid State Plan services.	• No statewide training requirements exist for CHW/P/Rs that are part of Community Supports provider care teams. • MCPs may require provider training on specific topics for providers.	• Community Supports can be provided to a member currently receiving services under the CHW benefit. • Payment model varies based on specific Community Support and contracted MCP. • Each Community Support has specific service restrictions and limitations, including on virtual delivery, as detailed in the Community Supports policy guides.

Additional Resources

- Community Health Worker (CHW) Preventive Services (PDF)
- Community Supports Policy Guide, Volume 1 (PDF)
- Community Supports Policy Guide, Volume 2 (PDF)

Sources: *Community Supports Policy Guide*, vol. 1, California Department of Health Care Services (DHCS), last updated April 2025; and *Community Supports Policy Guide: Community Supports to Support Members Experiencing of At Risk of Homelessness*, vol. 2, DHCS, last updated April 2025; and "Enhanced Care Management & Community Supports Resources," DHCS.

Medi-Cal Dental Community Health Worker Services (Covered by Medi-Cal dental fee-for-service and dental managed care plans)				
Covered Services	**Provider Eligibility**	**Member Eligibility**	**CHW/P/R Requirements**	**Key Considerations/Limitations**
• Oral health education • Oral health navigation • Screening and assessment	• Supervising provider must be an enrolled Medi-Cal Dental provider (dentist or hygienist), oversee CHW training requirements, employ or oversee CHWs, and submit claims for CHW services. • Supervising provider and CHW cannot be the same person.	• Services must be recommended by a dentist or hygienist. • Members must meet one or more medical necessity criteria. Eligibility criteria include: - A chronic health condition or suspected behavioral health condition - Experience of violence or trauma, or at risk of chronic conditions or environmental health exposure - Face barriers to meeting oral health care or oral health-related social needs - Would benefit from oral health preventive services	• Must have lived experience connected with the community or population served. • Must meet qualifications through the Certificate Pathway or Work Experience Pathway or both. Under the Certificate Pathway, must obtain training certificate of completion showing skills, training, and field experience. Under the Experience Pathway, must have 2,000 hours of paid or voluntary CHW work within the past three years and earn certificate of completion within 18 months. • Must complete at least 6 hours of additional training annually.	• Billing code is D9994, dental case management; rates depend on number of patients participating. • Dental Medi-Cal fee-for-service rates vary based on numbers of members. Rates are contracted separately for providers in counties with Medi-Cal dental managed care. • Members can receive maximum of 12 units per year (30 minutes/unit). • Treatment authorization requests are required when member will exceed 12 units per year. • Services may be rendered via teledentistry and can only be provided synchronously.

Additional Resources

- Medi-Cal Dental Provider Handbook (PDF)
- Medi-Cal Dental Community Health Workers
- Medi-Cal Dental Community Health Workers Services Frequently Asked Questions (PDF)
- APL 25-0012 Dental Community Health Worker Services Benefit (PDF)

Sources: "Section 4 - Treating Member," in *Medi-Cal Dental Provider Handbook*, California Department of Health Care Services (DHCS), 4-1; "Medi-Cal Dental Community Health Workers," DHCS, *Medi-Cal Dental Community Health Worker Services Frequently Asked Questions (FAQs)*, DHCS, December 2025; and Dana Durham (chief, Medi-Cal Dental Services Division, DHCS) to all Medi-Cal Dental managed care plans, "Dental Community Health Worker Services Benefit," All Plan Letter 25-012 (revised), DHCS, February 18, 2026.

Enhanced CHW (E-CHW) Services (Covered by select county behavioral health plans that have opted in through BH-CONNECT)				
Covered Services	**Provider Eligibility**	**Member Eligibility**	**CHW/P/R Requirements**	**Key Considerations/Limitations**
• Health education • Health navigation • Screening and assessment • Individual support or advocacy that assists an enrollee in preventing a health condition, injury, or violence	• The E-CHW supervising provider organization must be contracted with a county behavioral health plan (BHP), defined as a mental health plan or Drug Medi-Cal Organized Delivery System plan or Drug Medi-Cal program. • The supervising individual provider may work for a behavioral health provider organization, community-based organization, local health jurisdiction, pharmacy, hospital, or clinic. • Supervising provider organization must be an enrolled Medi-Cal provider, oversee E-CHW training requirements, oversee E-CHWs and delivered services, and submit claims for E-CHW services. • BHPs can hire E-CHWs directly or contract with entities (provider or community-based organizations) that employ CHWs.	• Members must be eligible for specialty behavioral health services. However, E-CHW services can be provided during the assessment period, and E-CHW services are still reimbursable if the member is found to not meet criteria for specialty behavioral health services. • Services must be recommended by a physician or licensed practitioner, which can include a standing recommendation from DHCS or a county BHP.	• Must have lived experience that connects them to the community or population served. • Must meet qualifications through the CHW Certificate Pathway or Work Experience Pathway or both. Under the CHW Certificate Pathway, must obtain training certificate of completion showing skills, training, and field experience. Under the Experience Pathway, must have 2,000 hours of paid or voluntary CHW work within the past three years and earn certificate of completion within 18 months. • Must complete at least 6 hours of additional training annually.	• A member cannot receive E-CHW services if already receiving either CHW services or Enhanced Care Management through their MCP. • E-CHWs differ from peer support specialists, though each can become cross-trained and certified in the other. • Each county has a county-specific rate for E-CHW services, available in the Medi-Cal behavioral health fee schedule. Counties then negotiate different rates with their contracted providers. • Services can be provided virtually (via synchronous audiovisual or audio-only) or in person, in any setting.

Additional Resources

- Behavioral Health Information Notice No: 25-028: Enhanced CHW Services in BH-CONNECT (PDF)
- Medi-Cal Behavioral Health Fee Schedules

Sources: Ivan Bhardwaj (chief, Medi-Cal Behavioral Health – Policy Division, California Department of Health Care Services [DHCS]) to California Alliance of Child and Family Services et al., "Coverage of Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Enhanced Community Health Worker (CHW) Services," Behavioral Health Information Notice 25-028, DHCS, July 8, 2025; and "Medi-Cal Behavioral Health Fee Schedules," DHCS.