

CHW/P/R Community Dialogue Summary

Webinar – Frequently Asked Questions (FAQs)

The following questions were received during the CHW/P/R Community Dialogue Summary Webinar on June 18, 2025. Please find the responses to these questions below. For any additional questions, contact us at CHW@hcai.ca.gov.

Question: Will the slides/recording be shared?

Response: Yes, we will post the webinar recording on the [HCAI CHW/P/R website](#) and share it with our listserv by August 7, 2025.

Question: Is DHCS in support of the recommendation to accredit organizations vs. certify individuals?

Response: It is beyond DHCS' scope of authority to accredit either CHW organizations or individual CHWs. Nevertheless, DHCS does recognize the important role that community-based organizations (CBOs) and training providers play in preparing CHW/P/Rs for certification and service delivery. CBOs who train CHW/P/Rs may enroll as Medi-Cal providers and deliver CHW services directly to Medi-Cal fee-for-service members and/or contract with Medi-Cal managed care plans to deliver CHW services to Medi-Cal managed care members. More information can be viewed at the DHCS website link here: <https://www.dhcs.ca.gov/community-health-workers>.

Question: Can we have more information on who is determining these consistency standards?

Response: The California Department of Health Care Access and Information (HCAI) is determining the best practices for consistency, not standards for CHW/P/R training programs.

Stakeholders, including CHW/P/Rs, community-based organizations, training providers, and members of the CHW/P/R Advisory Workgroup, are shaping these best practices. This collaborative approach ensures that the best practices reflect the lived experience, cultural knowledge, and community-rooted practices of the workforce.

We anticipate sharing these best practices in early 2026.

Question: If some organizations have been successfully doing this work for decades, who can accredit?

Response: Currently, HCAI has not implemented a statewide certificate or accreditation program, and there is no statewide accrediting body for CHW/P/R training programs. However, HCAI is developing an accreditation blueprint that outlines how CHW/P/R training programs could be accredited in the future. This blueprint will explore options that recognize the long-standing expertise of community-based organizations while ensuring consistency. The implementation of the blueprint will depend on securing future funding.

Question: Can we have standardization clarity on certification and diagnosis codes usage?

Response: Standardization for both certification and diagnosis code usage are being guided by two state agencies working in alignment:

Certification Standards: The California Department of Health Care Access and Information (HCAI) has not implemented a statewide CHW/P/R certificate. Given that there is no statewide certification program, DHCS' interpretation since the beginning of the benefit launch has been that any certificate program that meets the core competency requirements outlined in DHCS policy would be appropriate for providing services under Medi-Cal. To this end, and under current Medi-Cal policy, the supervising provider is solely responsible for determining if the certificate of completion fulfills all Medi-Cal CHW policy requirements, including that the curricula for the CHW certificate of completion attests to demonstrated skills and/or practical training in certain core competencies, as well as field experience, as outlined in the [Medi-Cal Provider Manual: Community Health Worker Preventive Services](#).

Diagnosis and Billing Code Usage: The California Department of Health Care Services (DHCS) oversees the Medi-Cal CHW benefit and provides guidance on billing and diagnosis code usage. Effective April 1, 2025, CPT codes 98960 through 98962 require the use of an ICD-10 diagnosis code. If the claim for CHW services is being submitted by a supervising licensed provider, the supervisor should use an appropriate diagnosis code for a licensed provider that describes the Medi-Cal members' condition.

If the supervisor is not licensed, they should use an ICD-10 Z code that does not require a diagnosis from a licensed provider. Supervising providers may use one of the ICD-10 diagnosis codes listed on page 8 of the [Medi-Cal Provider Manual: Community Health Worker \(CHW\) Preventive Services](#). Providers must also list a clinically appropriate ICD-10 diagnosis code for HCPCS codes G0019 and G0022. For more information, please review the Medi-Cal Provider Manual as well as the following two FAQs:

1. [CHW-Billing-FAQ](#) (updated June 18, 2025)
2. [CHW G Code guidance](#) (updated June 18, 2025)

Question: Will accrediting [community-based organizations] CBO's who do the training be based on the 11 Core Competencies established by the C3 Core Census Project?

Response: Due to the Budget Act of 2024, which significantly reduced the original CHW/P/R workforce budget allocation, HCAI will not be able to establish a statewide certificate or a program accreditation function.

However, HCAI will be working on producing training program resources and an accreditation blueprint as part of the Pillar 3 and 4 funding workstreams. The implementation of the blueprint depends on securing future funding. We anticipate sharing these best practices in early 2026.

Therefore, HCAI will not accredit CHW/P/R organization training programs, including [community-based organization] (CBO) training programs based on the 11 Core Competencies established by the C3 Core Census Project.

Question: How can an agency become a training provider for CHWs? Is there a process in place for this?

Response: Due to the Budget Act of 2024, which significantly reduced the original CHW/P/R workforce budget allocation, HCAI will not be able to establish a statewide certificate or a program accreditation function.

However, HCAI will be working on producing training program resources and an accreditation blueprint as part of the Pillar 3 and 4 funding workstreams. The implementation of the blueprint depends on securing future funding. We anticipate sharing these best practices in early 2026.

This work will be done collaboratively with DHCS, consultants, and CHW/P/R Advisory Workgroup to shape guidance to CBOs and training program providers in the absence of a formal accreditation function.

For more information on this topic, please visit the [CHW/P/R Initiative page](#).

Question: Why was the decision made not to certify an individual?

Response: Due to significant budget cuts in the 2024 Budget Act, most of HCAI's funding for the CHW/P/R workforce initiative was eliminated. As a result, HCAI does not currently have sufficient resources to launch or sustain a full accreditation or certification program.

You can find more details in HCAI's [CHW/P/R Initiative](#) page.

Question: If a certification process is not possible, how are the billing/reimbursement requirements possible without it?

Response: Given that there is no statewide certification program, DHCS' interpretation since the beginning of the benefit launch has been that any certificate program that meets the core competency requirements outlined in DHCS policy would be appropriate for providing services under Medi-Cal. To this end, and under current Medi-Cal policy, the supervising provider is solely responsible for determining if the certificate of completion fulfills all Medi-Cal CHW policy requirements, including that the curricula for the CHW certificate of completion attests to demonstrated skills and/or practical training in certain core competencies, as well as field experience, as outlined in the [Medi-Cal Provider Manual: Community Health Worker Preventive Services](#). The certificate of completion can be any certificate issued by the State of California or a State designee and may also be a certificate issued outside of California or United States.

Question: Per DHCS, CHW's are required to be certified after 18 months if they are in the lived experience pathway. Given there is no Certificate program now, how does that translate?

Response: Under current Medi-Cal rules, CHWs entering through the *experience (lived experience) pathway* may provide services for up to **18 months** without a certificate, as long as they meet the minimum qualifications (e.g., 2,000 hours of relevant experience and core competencies). However, **they must obtain a certificate within that 18-month window** to continue billing for services.

DHCS allows supervising providers to verify that a CHW's certificate meets the required core competencies.

This means:

- Given that there is no statewide certification program, DHCS' interpretation since the beginning of the benefit launch (that was on July 1, 2022) has been that any certificate program that meets the core competency requirements outlined in DHCS policy would be appropriate for providing services under Medi-Cal. To this end, and under current Medi-Cal policy, the supervising provider is solely responsible for determining if the certificate of completion fulfills all Medi-Cal CHW policy requirements, including that the curricula for the CHW certificate of completion attests to demonstrated skills and/or practical training in certain core competencies, as well as field experience, as outlined in the Medi-Cal Provider Manual: Community Health Worker Preventive Services. The certificate of completion can be any certificate issued by the State of California or a State designee and may also be a certificate issued outside of California or United States. The certificate can come from any program—inside or outside California or even outside the U.S.—as long as it aligns with Medi-Cal's policy requirements. Accordingly, supervising providers.
 - Organizations cannot “self-certify” their CHWs unless their training program meets those standards and is accepted by the supervising provider (note: in Medi-Cal policy, the term “attest” is used).

Question: Are organizations able to then just certify their own CHWs?

Response: Organizations may not independently certify CHWs for Medi-Cal billing. Instead, they can use existing certificate programs that meet DHCS's core competency standards.

For more information, please review the following links for more details in [DHCS's CHW Qualifications and Supervising Provider FAQ](#).

Question: Can a private 501c3 qualify to accept funding?

Response: Yes, a CBO that is a 501(c)(3) nonprofit organization (whether public or private) can be a supervising provider and bill for CHW/P/R services provided to eligible Medi-Cal members — provided the CBO meets all enrollment requirements and the CHW/P/Rs they supervise and bill on behalf of meet all Medi-Cal policy and billing requirements.

Additionally, a private 501c3 organization can qualify to accept funding from HCAI provided it meets eligibility criteria for possible future funding.

Question: Will the accreditation process still be implemented? Will this process be based on requirements or recommendations?

Response: The accreditation process will not be implemented. Therefore, there will not be a process at all.

The reason for this is that the Budget Act of 2024 significantly reduced the original CHW/P/R workforce budget allocation, eliminating resources to establish a statewide certificate or a program accreditation function.

However, HCAI will be working on producing training program resources and an accreditation blueprint as part of the Pillar 3 and 4 funding workstreams. The implementation of the blueprint depends on securing future funding. We anticipate sharing these best practices in early 2026.

Question: How long will the Advisory Group exist to provide feedback for the pillars?

Response: The Department of Health Care Access and Information shall continue to seek regular stakeholder input from members of the formal Advisory Workgroup until June 30, 2026. The Advisory Workgroup shall be composed of a majority of active community health workers, Promotores and Promotores de Salud, or their representatives or representative organizations. The Advisory Workgroup may advise the department on current and future policy recommendations regarding the community health worker and promotores workforce. These recommendations may include, but are not limited to, issues related to career development, organizational capacity building, access to and delivery of training, and standards for certification or program accreditation.

Question: How do we begin our connection with the immigration pillar?

Response: To begin connecting with the Immigrant Community Health and Resilience Pillar of the CHW/P/R Initiative, here are a few actionable steps:

1. **Reach Out to HCAI's CHW/P/R Team** Email: CHWPR@hcai.ca.gov

This is the best starting point to express your interest, ask about upcoming funding opportunities, and request technical assistance.

2. **Join CHW/P/R Public Forums:** HCAI hosted its CHW/P/R Community Dialogue Summary Webinar and invites you to join any future CHW/P/R public forums. These are key spaces to provide input and stay informed about pillar-specific strategies, including immigration-focused efforts.
3. **Connect with the CHW/P/R Coalition:** The statewide CHW/P/R Coalition includes organizations deeply engaged in immigrant health and policy. Joining their meetings or listserv can help you plug into advocacy and implementation efforts.
4. **Monitor HCAI's CHW/P/R Initiative Page:** Visit HCAI's CHW/P/R Initiative page for updates on funding, training, and pillar-specific announcements.

Question: Can we see the list of members of the Advisory Group?

Response: HCAI held an open application process for the CHW/P/R Advisory Workgroup. HCAI selected 20 applicants to serve on the CHW/P/R Advisory Workgroup. The Workgroup is composed of a majority of active CHW/P/Rs in non-supervisory roles. The CHW/P/Rs serve a diverse range of communities, including but not limited to:

- **Maternal and Infant Health:** Black maternal communities, Central Valley pregnant mothers.
- **Cultural and Ethnic Groups:** Mexican and agricultural workers, Latine communities (including border and migrant), AANHPI populations, Black and Black women and girls, Native American and Tribal communities, and LGBTQIA+ communities.
- **Justice and Advocacy:** Justice-involved populations, Latine immigration and refugee rights, refugee and immigrant communities.
- **Underserved Areas:** Rural communities and under-resourced regions in Orange County.
- **Specific Challenges:** Individuals struggling with substance use, and unhoused populations.
- **Specialized Groups:** Over 1,000 CHWs, stakeholders statewide, and the community college workforce.

The image below summarizes the CHW/P/R Advisory Workgroup Profiles by Region.

CHW/P/R Advisory Workgroup Profiles By Region

Central Coast: 2 1. CHW - active/non-supervisor serving the African-Black and Black maternal and infant communities. 2. CHW - active/supervisor serving Monterey County's high Mexican and agricultural worker populations.	Greater Bay Area: 3 1. CHW - active/supervisor serving justice-involved communities. 2. Promotora/CHW - active/non-supervisor serving the Latine and Hmong communities. 3. CHW - active/supervisor serving Black and Latino men, migrant, and queer communities.	Inland Empire: 3 1. Promotora - active/non-supervisor serving the Inland Empire Latine communities (Spanish applicant) 2. CHW - active/supervisor serving Latine communities supporting immigration rights and movements. 3. CHW - active/supervisor serving the community college workforce community.
Orange County: 1 1. Promotora - active/non-supervisor serving the Latine community in Santa Ana (Spanish applicant)	Los Angeles County: 2 1. CHW - active/non-supervisor serving African-American/Black women and girls. 2. CHW active/supervisor (and an active CHW) serving AANHPI and Latine and over 1,000 CHWs and stakeholders statewide.	Northern and Sierra: 2 1. CHR – active/non-supervisor serving the Tribal community. 2. CHW - previously active in a role serving rural communities.
Sacramento: 2 1. CHW (Substance Use Navigator) - active/non-supervisor serving individuals struggling with substance use, homelessness, and related challenges. 2. Promotora/CHW - active/non-supervisor serving the undocumented Latine community (Spanish applicant)	San Diego: 2 1. CHW - active/non-supervisor serving Latine border communities. 2. CHW - active/supervisor serving refugee and immigrant communities.	San Joaquin Valley: 2 1. CHW - active/non-supervisor serving primarily Native American and Tribal communities. 2. CHW - active/supervisor serving the Central Valley community, including pregnant mothers and refugees.
Statewide: 1 1. Promotora - active/supervisor serving immigrant and Promotores communities.	Active/Non-Supervisor CHW/P/R Key • Bold blue: CHW - active/non-supervisor • Bold Purple: Promotora - active/non-supervisor • Bold Red: CHR – active/non-supervisor	
		Active and Previous Supervisor CHW/P/R Key • Blue: CHW - active/supervisor • Purple: Promotora - active/supervisor

Question: How can we join an Advisory Committee for Pillar 4?

Response: HCAI will take this back to the Advisory Workgroup and consider whether there's a secondary or broader level of engagement that we can consider for advising on Pillar 4.

-- Webinar FAQs Updated July 18, 2025