



# Incentive Payment Program (IPP) Community Health Worker (CHW) Academy Capacity Building Grants

Application Deadline — February 1, 2024 (5 p.m. PST)

## Frequently Asked Questions

### Eligibility/Qualifications

**How many years of providing CHW services are required to receive grant funds and participate in the CHW Academy?**

- Three years of CHW service provision is required. Preferred applicants will demonstrate five or more years of CHW service provision.

**How are CHW positions and services defined to meet the qualifications for this funding opportunity?**

- CalOptima Health broadly defines experience providing CHW services for the purposes of this funding opportunity. Per the American Public Health Association, *“A community health worker is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the worker to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery. A community health worker also builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support and advocacy.”*<sup>[1]</sup>
- Applicants are encouraged to detail their CHW experiences and methods that resemble the description provided by the California Department of Health Care Services: *“CHW services are preventive health services to prevent disease, disability, and other health conditions or their progression; to prolong life; and promote physical and mental health and well-being. CHW services may assist with a variety of concerns impacting MCP Members, including but not limited to, the control and prevention of chronic conditions or infectious*

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<sup>1</sup> <https://www.apha.org/apha-communities/member-sections/community-health-workers>

*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 may include individuals known by a variety of job titles, including promotores, community health representatives, navigators, and other non-licensed public health workers, including violence prevention professionals.”<sup>[2]</sup>*

### **Does our history and experience qualify if CHWs are not currently supervised by a licensed Medical provider?**

- Yes, that experience still qualifies for the purposes of this grant opportunity. However, applicants must document in their application how they will connect to or partner with a licensed provider, as that will be a requirement of becoming a contracted provider through the CHW Academy.

### **What is lived experience?**

- DHCS outlines the following guidelines for lived experience qualifications of CHWs: “*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, 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.*”<sup>[2]</sup>
- CalOptima Health is prioritizing projects and programs that are trauma-informed, inclusive, non-residency restricted, low barrier and aligned with housing-first and harm-reduction principles. This includes ensuring the “voice of lived experience” is integrated into the design, development, implementation, and evaluation phases.

### **Why are licensed providers required for program proposals?**

- To provide CHW services to CalOptima Health members, a Supervising Licensed Provider must ensure compliance, review program plans, provide oversight and supervise CHWs. Licensed providers may include LCSW, LMFT, LVN, RN, MD, etc. Larger, institutional providers include hospitals, health networks, outpatient clinics, or local health jurisdictions (LHJs).

### **Can college students or clinical interns serve as CHWs for on the job (OTJ) training? Can capacity-building grant funds be used to pay intern wages and/or stipends?**

- No, college students or clinical interns cannot serve as CHWs for OTJ. Grant funds should not be used to pay intern wages or stipends.

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<sup>2</sup> <https://www.dhcs.ca.gov/community-health-workers>

**Would this grant opportunity apply to FQHCs?**

- “No. RHCs/FQHCs cannot be reimbursed for the CHW benefit.” <sup>[3]</sup>
- Although FQHCs can be reimbursed for *specific* CHW services and programs <sup>[3]</sup>, those pathways and alternative programs are not covered by the CalAIM CHW Academy at this time.

**Would this grant opportunity apply to Psychiatric Hospitals or psychiatric PHP/IOP programs?**

- Yes.

**Are we eligible to apply for this grant if our organization or facility is not located in Orange County but serves Orange County residents?**

- No, the organization must have an office or facility in OC.

**If we are already contracted to provide ECM and/or Community Supports services, are we still eligible to apply for CHW grants and participate in the CHW Academy?**

- Yes, if the organization or provider meets the criteria for CHW services and Academy admittance.

**Would an organization that provides Personal Care / Homemaker and Respite Community Support Services qualify as an organization eligible to participate?**

- If an organization or provider also meets the qualifications for CHW services, then yes.

**Would a feeding program qualify for this funding opportunity?**

- If the program meets the qualifications for CHW services, then yes.

**If we do not currently have Community Health Workers - does that disqualify us from this application?**

- No. Staff positions or relative experience that demonstrate a history of providing CHW services or similarly intended services would meet qualifications.

**If an organization provides services similar to CHWs, would this count as experience?**

- Yes. A history of providing similar services would count as experience.

**Does CHW with ECM services count under experience?**

- Yes.

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<sup>3</sup> <https://www.chcf.org/wp-content/uploads/2023/08/MediCalExplainedNewServicesGlance20202023.pdf>

**Is there a minimum FTE requirement for CHWs that are projected to be onboarded for contracting services as of October 2024?**

- No; however, CalOptima Health is looking to grow the CHW provider network and will allot more points to organizations that have or expect to hire a large workforce.

**Are FQHC's eligible for this opportunity?**

- “No. RHCs/FQHCs cannot be reimbursed for the CHW benefit.” [3]
- Although FQHCs can be reimbursed for *specific* CHW services and programs [3], those pathways and alternative programs are not covered by the CalAIM CHW Academy at this time.

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**Does CHW experience have to be in Orange County?**

- Experience does not necessarily need to be exclusively in Orange County, but the current service area does need to be rooted in Orange County. Applicants must be able to serve CalOptima Health members at a physical location in Orange County.

**Do CHW equivalent services such as health education, navigation, and linkages count as CHW experiences?**

- Yes.

**Does our facility need to be in Orange County? What percent of our patients must be from Orange County?**

- While there is no specific percentage breakdown, applicant providers must have a physical location in Orange County and serve CalOptima Health members specifically.

**If we do not currently have CHWs, are we disqualified from this opportunity?**

- No. Similar experiences or similarly oriented staff positions could potentially qualify as requisite experience.

**Can an FQHC look alike apply?**

- “No. RHCs/FQHCs cannot be reimbursed for the CHW benefit.” [3]
- Although FQHCs can be reimbursed for *specific* CHW services and programs [3], those pathways and alternative programs are not covered by the CalAIM CHW Academy at this time.

**Timeframes**

**What are the timeframes for the first CHW Academy and rollout of services?**

- The first CHW Academy will be a six-month cohort from April 2024-September 2024. Academy activities include weekly meetings, monthly training, credentialing, contracting, and sharing best practices.
- Providers contracted for CHW services are expected to begin services by October 1<sup>st</sup>, 2025.

**What is the timeframe associated with the expenditure of grant funds?**

- The expenditure timeframe for grant funds is April 2024-March 2025.

**Application**

**If we are already contracted or in the process of contracting to provide CHW services with CalOptima Health, do we still have to apply for grant funds?**

- Yes.

**Can I go back to change answers or have access to an application that has been submitted?**

- Yes. Drafts of the Profile and Full Proposal can be saved to update later. Submitted applications can be re-opened by contacting [gary.taylor@caloptima.org](mailto:gary.taylor@caloptima.org), prior to COB on 2/1/2024.

**Do you require the inclusion of organizational policies and procedures for the application?**

- No.

**Budget/Financials**

**What is the total grant amount that providers can request?**

- \$100,000.

**Can an organization apply for more than \$100K?**

- No.

**Are proposed Program Budgets allowed to exceed the \$100K grant award amount if additional funds can be leveraged for CHW services?**

- Yes. While awarded amounts from CalOptima Health are for a static amount, grant proposals can include additional or supplementary funds intended to bolster program results or impact.

**Can grant funds be used for outreach and engagement?**

- While grant funds can be used for outreach and engagement programs intended to educate the community, providers, schools, cities, etc., on health issues; they cannot be used for member outreach as those services are reimbursable CHW services.

**Can we use IPP to pay for a person that is not a CHW to go to doctor offices to educate providers about CHW service or solicit CHW work?**

- Yes. IPP funding can pay for partnership development with providers or to build relationships so that CHW can integrate into the community. Funds cannot be used for member outreach as those services are reimbursable CHW services.

**For smaller organizations, would Form 990 suffice for audited financial statement application submission?**

- Form 990 is also required with the application. If an audited financial statement is not available, please provide an end-of-year financial statement from the most recently completed fiscal year.

### **Logistics**

**If we are awarded and become CHW contractors to CalOptima, does that mean we will be offering CHW services to patients outside of our own medical care?**

- Yes. Accepting external referrals is required for CHW contractors with CalOptima Health.

**Will there be a second CHW Academy Cohort? If there is a second Cohort, will there be another competitive process, or will you look at who submitted in this first round and did not get funded?**

- There are likely to be additional competitive funding processes conducted for future capacity-building grants. Organizations that applied for the first round but not accepted will be engaged in future processes.

**Is there a minimum number of CalOptima Members that need to be served in that first service year Oct 24-Sep 25?**

- This is to be determined through workflows and service ratios to be established through Academy participation and Co-Design Sessions.

**Is this grant a pre-requisite to providing CHW services in the future?**

- No.

**Can a member receive Community Supports services (non-ECM) at the same time as Community Health Worker services?**

- Yes, if those services are not duplicative.

**Can you share who the currently contracted CHW providers with CalOptima Health are?**

- Abrazar, Inc., Latino Health Access, Sowing Seeds Health, Inc. currently, and MOMS OC and Western Youth Services as of February 1, 2024.

#### **Who do we contact for more information about deliverables and contracting for CHW services?**

- A Community Liaison or Liaisons will be identified to provide information about deliverables for contracted providers. Organizations are also encouraged to join upcoming CHW Co-Design Sessions.

#### **What are the reimbursement rates for CHW services?**

- CalOptima Health reimburses CHW services at 100% of the Medi-Cal Fee for Service rate, which is below:

<b>CPT code</b>	<b>Description</b>	<b>Length</b>	<b>Number of Members</b>	<b>Rate</b>
<b>98960</b>	Self-management education and training, face-to-face	30 minutes	1	\$26.66
<b>98961</b>	Self-management education and training, face-to-face	30 minutes	2-4	\$12.66
<b>98962</b>	Self-management education and training, face-to-face	30 minutes	5-8	\$9.46
<b>Modifier and Description</b>				
<b>U2</b>	Used to denote services rendered by Community Health Workers			
<b>U3</b>	Used to denote services rendered by Asthma Preventive Service providers			

#### **Is there other funding we can apply for to prepare for CHW rollout?**

- Not currently.

#### **Does it matter how recently we have received our NPI (National Provider ID)?**

- No.

#### **Who is the community liaison and how do we reach them?**

- Nicole Garcia, Director of CalAIM Outreach. She can be reached by email at [nicole.garcia@caloptima.org](mailto:nicole.garcia@caloptima.org).

#### **What are the insurance requirements for providers?**

- **Provider Professional Liability:** Provider, at its sole cost and expense, shall ensure that it and Subcontractors providing professional services under this Contract shall maintain professional liability insurance coverage with minimum per incident and annual aggregate amounts which are at least equal to the community minimum amounts in Orange County, California, for the specialty or type of service which Provider provides, with a minimum of \$1,000,000 per incident/\$ 3,000,000 aggregate per year.
- **Provider Commercial General Liability ("CGL")/Commercial Crime Liability/Automobile Liability:** Provider at its sole cost and expense shall maintain such policies of commercial general liability, commercial crime liability, and automobile liability and other insurance as shall be necessary to insure it and its' business address(es), customers (including Members), employees, agents, and representatives against any claim or claims for damages arising by reason of a) personal injuries or death occasioned in connection with the furnishing of any Covered Services hereunder, b) the use of any property of the Provider. and c) activities performed in connection with the Contract, with minimum coverage of:
  - Commercial General Liability of \$1,000,000 per incident/\$2,000,000 aggregate.
  - Commercial Crime Liability of \$250,000 aggregate per year.
  - Automobile Liability of \$500,000 combined single limit.
- **Workers Compensation Insurance:** Provider at its sole cost and expense shall maintain workers compensation insurance, within the limits established and required by the State of California and employers liability insurance with minimum limits of liability of \$1,000,000 per occurrence/\$1,000,000 aggregate per year.

**Will there be future capacity-building funding opportunities or grants?**

- Yes. There will likely be additional funding opportunities for HHIP and IPP.

**Can the same position provide both ECM and CHW services?**

- Yes, as long as both services are not being offered to the same member at the same time. For example, all providers can monitor for duplication via the CalOptima Health Connect portal as authorizations for ECM are visible on a member's profile. Contracted CHW Providers, like contracted ECM and Community Supports providers, will be required to utilize the CalOptima Health Connect portal for specific required activities (submission of the CHW recommendation form and Plan of Care, as applicable).

**Is Cal Optima currently providing CHW services to its clients?**

- Yes.

**Will there be a CHW staff to member or client ratio expected?**

- No, there is no ratio that is required. We will expect applicants to discuss their strategy for providing quality services, which include staff to member supervision guidelines.



**If we are projecting to hire one CHW for the first year to bill Cal Optima Services, will we be competitive enough?**

- Competitiveness of applications will be dependent on submitted proposals and scopes of work.

**Is this program under ECM? If this is a new program, do I need corresponding leadership for this new program?**

- Applicant organizations are asked to describe their CHW services and structure, including supervision for CHW services. CalOptima Health does not dictate what that should look like for any given organization. However, the skills and expertise of the applicant's team, the depth and breadth of the CHW program, and leadership experience will all be considered in the evaluation process.

## **End Notes**

1. American Public Health Association. (n.d.). *Community health workers*. <https://www.apha.org/apha-communities/member-sections/community-health-workers>
2. California Department of Health Care Services. (2022). *Community health workers*. <https://www.dhcs.ca.gov/community-health-workers>
3. Metz, R.A. (2023, August). *Medi-Cal explained: New Medi-Cal services at a glance (2020-2023)*. The California Health Care Foundation. <https://www.chcf.org/wp-content/uploads/2023/08/MediCalExplainedNewServicesGlance20202023.pdf>