

# Environmental Scan on Community Health Workers

## A 50-State Scan of Medicaid Reimbursement Approaches for the CHW Workforce

**Prepared for:**

**Arielle Levin Becker**  
Chief of Staff and Communications Director  
Connecticut Health Foundation

**Prepared by:**

**Carol Gyurina**  
Senior Consultant

**Lissette Victoriano**  
Senior Policy Analyst

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# Summary of Findings

The ForHealth Consulting team conducted a 50-state environmental scan to explore which state Medicaid programs reimbursed for community health worker (CHW) services and the details of how those services were reimbursed. This paper is accompanied by an Excel spreadsheet, which categorizes the CHW programs and payment methods to allow users to filter on types of programs of most interest.

Overall, 24 states currently reimburse for CHW services through their Medicaid programs, with an additional three states (Colorado, and Connecticut) that have authorized reimbursement for CHW services but are still in the process of implementation. For each state, the summaries of the programmatic and reimbursement details encountered are streamlined into two categories labeled as **Service Detail** and **Reimbursement Detail**. Broadly, the service detail encompasses CHW programmatic information (what services are reimbursable and for which members, and the legal vehicle used to authorize the service), while the CHW reimbursement detail focuses on the payment method used by the state.

## Service Detail

### Member Eligibility and Target Populations

In states that pay for CHW services through Medicaid, CHW services were made available to all Medicaid members or certain target populations, depending on the state's goals. It was more common for CHW services to be available to all members. Among states with more limited CHW use, a variety of target populations or conditions was noted, including:

- Pregnant and postpartum people
- Behavioral health
- Chronically unhoused
- Oral health
- HIV

Services limited to pregnant and postpartum people were observed most frequently. For example, New York, Ohio, and Washington currently only provide services to pregnant and postpartum people, while West Virginia reserves CHW services for pregnant people with opioid use disorder.

### Covered Services

Most states deem a similar range of services eligible for reimbursement. These include care coordination, systems navigation, health coaching, patient advocacy, clinical support, and community outreach.

Likewise, noncovered services typically included travel time, interpreter services, and nursing-level services, among others.

## Authorization for CHW Service Coverage

States received authorization from the Centers for Medicaid and Medicare (CMS) to include CHW services in their Medicaid programs either through a state plan amendment (SPA) or as part of their state's section 1115 demonstration waiver. We did not find states using other types of Medicaid waivers. In some cases, the state's 1115 demonstration waivers did not specifically identify CHW services as a covered service, but the state permitted reimbursement as part of its managed care organization (MCO) contracts.

By far the most popular option was CMS authorization of CHW services through a state plan amendment, with sixteen states authorizing CHW services through a state plan amendment. Five states authorized CHW services through 1115 demonstration waivers. Two states have both SPAs and 1115 demonstration waivers that authorize CHW services. These states are also included in the counts of states with state plans and 1115 demonstration waivers. Four states covered CHW services in their MCO contracts but did not have specific CHW language in their 1115 demonstration waivers or state plans, and another two optionally allowed MCOs to provide CHW services. This paper provides a link to the approved SPA whenever available.

## Payment Detail

### Reimbursement Strategies: Overview

Among the 24 states that currently reimburse CHW services through Medicaid:

- Eight states cover CHW services only on a fee for service (FFS) basis
- Six states cover CHW services only through managed care
  - An additional three states give MCOs the option to include CHW services as part of their care management programs, but do not require or reimburse for their services.
- Five states cover CHW services both through FFS and MCOs
- One state covers CHW services as a monthly capitation for certain pregnant and postpartum people (West Virginia: \$207.58/month)

### Reimbursement Strategies: Fee-For-Service (FFS) Reimbursement

A closer look at states that reimbursed CHW services on an FFS basis revealed that the following three standard CPT billing codes were used in 12 states (one state used non-standard codes), which are billed in 30-minute increments.

- 98960 – Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; individual patient
- 98961 – Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; 2-4 patients

- 98962 – Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; 5-8 patients

Reimbursement for code 98960 (one patient) ranged from \$9.70- \$35.00 per half hour.

- Two states had rates of \$30 or more
- Five of the states had rates that were \$21-30
- Two states had rates between \$11-20
- Two states had rates that were less than \$10

### Reimbursement Strategies: Managed Care and Capitation Rates

Some states encouraged the use of CHW services by providing an enhanced per member per month (PMPM) payment for MCOs or accountable care organizations that provide access to CHWs to their members. States using this methodology include Massachusetts, New Mexico, Oregon, and Washington State.

In a similar vein, Idaho and Maine incentivize the use of CHW services in a primary care setting by providing an enhanced PMPM rate via their primary care case management (PCCM) program. Both of these states use a tiered system, with care coordination required to qualify for a tier 2 or 3 enhanced reimbursement rate.

In Idaho, tier 2 organizations receive a PMPM of \$7 for all participants, while tier 3 organizations receive a \$9.50 PMPM.

In Idaho, tier 2 organizations receive a PMPM of \$7 for all participants, while tier 3 organizations receive a \$9.50 PMPM.

Maine’s PCPlus Program tiers 2 and 3 require primary care practices to provide CHW services by either hiring CHWs or contracting with CHW organizations, but the current rate was not publicly available.

### Reimbursement Strategies: Potential Benefits and Challenges of Different Reimbursement Strategies

#### Covering CHW services on an FFS basis

States that operate their Medicaid programs on a traditional fee-for-service basis may add CHW services as a covered service through a Section 1932 state plan amendment, and then pay claims directly on an FFS basis, usually using three standard CPT codes for these services.

State	CPT 98960 Rate
Kansas	\$9.70
Louisiana	\$18.11
Nevada	\$18.34
Oregon	\$21.44
Michigan	\$17.23
Minnesota	\$21.56
Kentucky	\$22.53
Arizona	\$23.29
Indiana	\$26.56
California	\$26.66
South Dakota	\$32.43
New York	\$35.00

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The benefits of this approach are:

- The Medicaid program pays only for services delivered, with no risk of either the state over-paying or providers receiving a payment that does not cover the frequency of services provided.
- An FFS payment method encourages utilization since providers are paid when they perform a service. (This can become a negative factor if a service is over-utilized).

The challenges of this approach are:

- The Medicaid program must take care to develop payment rates that are sufficient for providers to offer and maintain the service, and to pay wages that can attract and retain a workforce. Payment rates vary across the country from \$9.70 to \$35.00, so there is no clear standard to use.
- Fee-for-service is not a value-based payment strategy and could result in payments for services that do not provide the outcomes desired.
- Providers may find billing for services in 30-minute increments to be an administrative burden. Also, the billing codes are not intended for services that are rendered in under 30 minutes.

### Covering CHW services through managed or accountable care organizations

States that operate their Medicaid programs through managed care (or with a combination of FFS and managed care) may add CHW services as a covered service to their managed care contracts. Depending on which Medicaid authority the states use for their Medicaid managed care programs, they may need to update their section 1932 state plan amendment or waiver to change the covered services. Alternatively, rather than adding CHW services to the covered services, states may include financial incentives to managed care organizations that incorporate CHWs into their workforce.

The benefits of this approach are:

- Adding CHW benefits to an MCO capitation rate should result in very little if any new cost to the state, given that the services are used to help prevent worsening of medical conditions, and may reduce the overall medical spending for the managed care entity.
- Including reimbursement for CHW services within the managed care contract may help in the coordination of care at the MCO level, as the MCO care managers will have access to the records of the CHW services.

The challenges of this approach are:

- If the MCO does not agree that CHW services could reduce overall medical spending, it may find ways to limit the availability of the service, through requiring authorizations or other means.
- The state may have less control over how the program is developed than it would if the service was developed through state provider and payment regulations.
- The initial savings accrued from CHW programs will be to the managed care organization, rather than the state Medicaid program. Over time, the impact of the CHW program may result in future lower capitation rates than they would have been in the



absence of the program, resulting in savings to the state. It will be difficult to ascertain any cost savings generated by the CHW program.

#### Enhanced capitation paid to primary care practices

States that operate a primary care case management program may opt to provide enhanced per member per month payment to primary care practices that include CHWs in their care teams.

The benefits of this approach are:

- The enhanced payment provides a financial incentive for primary care providers to improve the quality of their practices using CHWs.
- The cost of the monthly payment is known and steady for financial projections.

The challenges of this approach are:

- It only includes CHWs within primary care practices that are part of the state's PCCM program, and does not reimburse CHWs in other settings, unless the state has also added CHWs to its state plan as a covered service.
- The amount of usage of CHWs within a primary care practice is not typically measured or managed by the state's Medicaid program, so it will be difficult for the state to measure the implementation or impact of the program.

#### Paying for CHW services using a monthly case rate

Only one state has used this approach and used it for a CHW program with a very specific program model and population. This approach has been used for other para-professional services, such as recovery coaches and peer support specialists, as well as behavioral health wraparound services that include care coordination and family and peer support.

The benefits of this approach are:

- It is simpler for the providers to manage the billing, compared to tracking and billing in thirty-minute service increments. Given that many CHW providers have no experience with Medicaid claiming, this may attract and retain more CHW providers.

The challenges of this approach are:

- Because a case rate is a flat monthly rate that is provided regardless of how many hours of services are provided, it is difficult to create a fair and efficient rate for a new service that does not have detailed claims history to estimate average services used. In some cases, a provider may end up being paid less than is needed, if the client mix is more complex than anticipated, while in other cases, the state may pay more than what would be warranted if the cases are less complex than anticipated.
- It is challenging to develop the criteria for when a member becomes a CHW "case." Services that involve a single session of outreach or health education would not typically be considered a case that would receive a monthly payment. A case rate usually requires a patient to sign a consent to receive ongoing services, and providers may lose money as they engage in outreach to enroll members in the program.
- Many CHW programs do not work on a "case" basis, where the member is enrolled and seen on a regular basis.

A case rate is best for an established program model that has narrow parameters for how many hours of service a month a client should receive, and with several years of utilization history to have the information needed to build a case rate.

The most effective payment strategy for a state depends on the Medicaid authorities that the state uses for its Medicaid program. A state like Connecticut that operates an FFS Medicaid program through a state plan will likely find the option of adding CHWs to the state plan and paying on a fee-for-service basis using the standard codes will be the simplest approach to paying for these services.

## Methodology

For each state, this scan includes the scope of CHW services that are reimbursable as well as the details of reimbursement as available. The state-level information is organized into two categories, labeled as **Service Detail** and **Reimbursement Detail**. Below is a comprehensive list of the items listed under each category.

The Service Detail for each state includes:

- **Scope of Practice and CHW Services:** An overview of the range of roles, responsibilities, and covered services that are reimbursable by the state Medicaid program
- **Member Eligibility Criteria:** Which Medicaid members were eligible to receive services, along with any target populations, if specified
- **Provider Eligibility:** The individuals and provider organizations eligible for Medicaid reimbursement
- **Authorization:** The legal vehicle used to authorize reimbursement. When the information was available, we specified whether this was through a state plan amendment or 1115 demonstration waiver. We also indicated whether services were authorized through a managed care contract.
- **Documentation Requirements:** When available, documentation required of member need(s), plan of care, or services rendered
- **Duration of Services/Limitations:** Limitations on services, such as the number of allowable hours or units billed per day or month and non-covered services

The Reimbursement Detail includes:

- **Payment Method Description:** The overall payment methodology the state used, including whether services are reimbursed as either a fee-for-service rate, an enhanced capitation, or per member per month rate for managed care organizations or primary care providers
- **Rates Paid and Time Increments:** As available, the rate information and corresponding time increments for services. If FFS, the rates paid for those services, along with the relevant procedure codes and time increments specified, if available
- **Limitations:** Limitations on units reimbursable

When possible, the team has preserved the original language utilized by state-level programs, denoted in quotations. Please note, our team has also enabled the navigation pane of this

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document to facilitate navigation. Additionally, our team has created a supplemental Excel spreadsheet to accompany this document; the spreadsheet has several categories that can be easily filtered to help reviewers of this information identify states with CHW programs or payment methodologies of interest.

# State by State Reimbursement

## Alabama

The state does not provide Medicaid reimbursement for CHW services.

## Alaska

The state does not provide Medicaid reimbursement for CHW services.

## Arizona

### Service Detail

#### Scope of Service

SPA Language: The Arizona Medicaid agency is the Arizona Health Care Cost Containment System (AHCCCS). Arizona state-certified community health workers (CHW) may provide “AHCCCS covered patient education and preventive services to individuals with a chronic condition or who are at risk for a chronic condition or for individuals with a documented barrier that is affecting the individual’s health. CHW services must be recommended by a physician or other licensed practitioner of the healing arts acting within the scope of authorized practice under State law. Services must be documented in the member’s medical record and may include:

- Health system navigation and resource coordination.
- Health education and training. The purpose of this service is to train and/or increase the member’s awareness of methods and measures that have been proven effective in avoiding illness and/or lessening its effects. The content of the education must be consistent with established or recognized healthcare standards.
- Health promotion and coaching. The purpose of this service is to provide information and training to members that enables them to make positive contributions to their health status.”

Regulation [R9-16-802](#). “[Community Health Workers Eligibility and Scope of Practice](#)” states that a “certified CHW’s scope of practice includes:

1. Providing cultural mediation among individuals, communities, and health and social systems;
2. Providing culturally appropriate health education and information;
3. Providing care coordination, case coordination and system navigation;
4. Providing coaching and social support;
5. Advocating for individuals and communities;
6. Building individual and community capacity;
7. Providing direct services;
8. Implementing individual and community assessments;

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9. Conducting outreach; and
10. Participating in evaluation and research.

In addition to core competencies specified in R9-16-801(16), a CHW's roles and activities may include:

1. Diabetes education;
2. Disease intervention;
3. Nutrition, specifically food preparation and purchasing;
4. Parenting education;
5. Community wellness partner;
6. Connect clients to health education and community resources;
7. Blood pressure education;
8. Delivery of medical supplies and equipment to assist client's needs;
9. Outreach to clients who are out of care;
10. Hearing and vision screenings; and
11. Other similar health and social services provided on behalf of health and behavioral health service providers."

### Member Eligibility Criteria

Member education and preventive services delivered by certified CHWs/community health representatives (CHR) may be provided to members with a chronic condition, who are at risk for a chronic condition, or with a documented barrier that is affecting the member's health.

### Provider Eligibility

"While a CHW/CHR may provide community health services in Arizona without obtaining voluntary certification, AHCCCS will only reimburse services provided to eligible members by a certified CHW/CHR. Providers may employ CHWs/CHRs who are not certified, but they will not be able to bill Medicaid for service provided by non-certified CHWs/CHRs."

### Authorization

Medicaid reimbursement for CHWs is authorized via state plan amendment 22-0029, and the administrative rules for CHWs can be found under "Title 9. Health Services Chapter 16. Department Of Health Services, Occupational Licensing Article 8. Community Health Workers."

### Duration of Services/Limitations

- "A CHW/CHR cannot bill for peer support services (PSS) unless credentialed as a peer recovery support specialist (PRSS) if they have lived experience with behavioral health or substance use needs and meet the qualifications outlined in AHCCCS medical policy manual policy 963.
- CHW/CHR services must always be billed through the employer.
- R9-16-802. Community Health Workers, Eligibility and Scope of Practice: "E. A certified CHW shall not provide physical health services or behavioral health services to a client."

### Targeted Populations

Services are available to members with a chronic condition, at risk for a chronic condition, or with a documented barrier that is affecting the member's health.

## Sources

1. Overview of community health workers and community health representatives: <https://www.azahcccs.gov/PlansProviders/OtherProviderProgramsAndInitiatives/CHW.html>
2. Arizona state plan amendment(SPA) 22-0029: [SPA220029Approved02012023.pdf \(azahcccs.gov\)](https://www.azahcccs.gov/PlansProviders/OtherProviderProgramsAndInitiatives/CHW.html)
3. Title 9. Health Services Chapter 16. Department Of Health Services –Occupational Licensing Article 8. community health workers <https://www.azdhs.gov/documents/director/administrative-counsel-rules/rules/rulemaking/communityhealthworkers/npr.pdf>
4. Community Health Worker (CHW) Licensing Management System (LMS): <https://www.azdhs.gov/licensing/special/index.php#community-health-workers>
5. Licensee/Provider Reference Guide for Community Health Workers <https://www.azdhs.gov/documents/licensing/special-licensing/applications/bsl-licensee-provider-reference-guide.pdf>
6. Arizona CHW Voluntary Certification Updates (PPT) presented to the AZ Rural Health Conference on June 7, 2023: <https://crh.arizona.edu/sites/default/files/2023-06/Arizona%20Community%20Health%20Worker%20Voluntary%20Certification%2C%20Representative%20Billing%2C%20and%20Reimbursement.pdf>

## Reimbursement Detail

### Payment Method Description

As of 4/1/2023, certified community health workers and community health representatives employed by AHCCCS-registered providers can bill for reimbursable services. AHCCCS has three billing codes for CHWs.

Specific to federally qualified health center (FQHCs), “services provided by a CHW/CHR are considered services incident to an ambulatory service and do not meet the definition of a face-to-face encounter with a licensed AHCCCS-registered practitioner, therefore they are reimbursed through the FQHC’s bundled encounter rate, and not separately reimbursed.”

### Rates Paid and Time Increments

CPT Code	Payment Rate
98960- patient education & training for 1 patient for 30 minutes	\$23.29
98961- for a group of two to four patients for 30 minutes	\$11.06 per person
98962- or a group of five to eight patients for 30 minutes	\$8.15 per person

### Limitations

- “The certified CHW/CHR employed by an AHCCCS-registered provider can submit claims for a maximum of four units per day, up to 24 units per month, per member.

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- The total units allowable is inclusive of all 3 billable codes; codes cannot be billed together on the same day for the same member. If additional services are medically necessary, prior authorization is required.”

### Sources

1. Fee-for-service Provider Billing Manual:  
<https://www.azahcccs.gov/PlansProviders/RatesAndBilling/FFS/providermanual.html>
2. Physician fee schedule:  
<https://www.azahcccs.gov/PlansProviders/RatesAndBilling/FFS/Physicianrates/>
3. AHCCCS Medical Policy Manual:  
<https://www.azahcccs.gov/shared/MedicalPolicyManual/>
4. CHW FAQ document:  
[https://www.azahcccs.gov/PlansProviders/Downloads/CHW/CHW\\_CHRFAQs.pdf](https://www.azahcccs.gov/PlansProviders/Downloads/CHW/CHW_CHRFAQs.pdf)

### CHW Program Contact Information

#### Tom Salow

Assistant Director of Licensing and Policy and Intergovernmental Affairs

Arizona Department of Health Services

Phone: (602) 364-1935

Fax: (602) 364-4808

E-mail: [Thomas.Salow@azdhs.gov](mailto:Thomas.Salow@azdhs.gov)

Bio: <https://directorsblog.health.azdhs.gov/author/tom-salow/>

### Arkansas

The state does not provide Medicaid reimbursement for CHW services.

### California

#### Service Detail

##### Scope of Services

“CHW services may address issues that include, but are not limited to, the control and prevention of chronic conditions or infectious diseases; mental health conditions and substance use disorders; need for preventive services, perinatal health conditions; sexual and reproductive health; environmental and climate-sensitive health issues; child health and development; oral health; aging; injury; domestic violence; and violence prevention. Specific covered services include:

- Health education to promote the beneficiary’s health or address barriers to physical and mental healthcare, including providing information or instruction on health topics. Health education may include coaching and goal setting to improve a beneficiary’s health or ability to self-manage health conditions.
- Health navigation to provide information, training, referrals, or support to assist beneficiaries to:

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- Access healthcare, understand the healthcare system, or engage in their own care.
- Connect to community resources necessary to promote a beneficiary's health; address healthcare barriers, including connecting to medical translation/interpretation or transportation services; or address health-related social needs.
- Screening and assessment that does not require a license and that assists a beneficiary in connecting to appropriate services to improve their health.
- Individual support or advocacy that assists a beneficiary in preventing the onset or exacerbation of a health condition or preventing injury or violence.
- CHW violence prevention services, which include all the CHW services described above (health education, health navigation, screening and assessment, and individual support and advocacy), as these services apply specifically to violence prevention.”

### Member Eligibility Criteria

CHW services are considered medically necessary for beneficiaries 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 meeting their health or health-related social needs, and/or benefit from preventive services. “The recommending provider shall determine whether a beneficiary meets the medical necessity 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, etc., that indicate risk but do not yet warrant diagnosis of a chronic condition)
- Positive adverse childhood events (ACEs) screening
- Presence of known risk factors, including domestic or intimate partner violence, tobacco use, excessive alcohol use, and/or drug misuse
- Results of a social drivers of health 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
- Beneficiary expressed a need for support in health system navigation or resource coordination services
- Need for recommended preventive services
- CHW violence preventive services are available to a Medi-Cal beneficiary who meets any of the following circumstances:
  - The beneficiary has been violently injured as a result of community violence
  - A licensed healthcare provider has determined that the beneficiary is at significant risk of experiencing violent injury as a result of community violence
  - The beneficiary has experienced chronic exposure to community violence.”



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

### **Provider Eligibility**

CHW services require a written recommendation submitted by a physician or other licensed practitioner of the healing arts within their scope of practice under state law. The recommending licensed provider does not need to be enrolled in Medi-Cal or be a network provider within the member's managed care plan.

"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 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.

CHWs must be supervised by a Medi-Cal enrolled community-based organization, local health jurisdiction, licensed provider, hospital, or clinic, as defined in 42 CFR 440.90. CHWs must have lived experience that aligns with and provides a connection between the CHW, and the community being served. CHWs must demonstrate minimum qualifications through one of the following pathways:

CHWs must demonstrate minimum qualifications through one of the following pathways, as determined by the supervising provider:

**CHW Certificate:** A certificate of completion 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 determinants of health. Certificate programs shall also include field experience as a requirement.

**Violence Prevention Certificate:** For individuals providing CHW violence prevention services only, a Violence Prevention Professional Certification issued by the Health Alliance for Violence

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Intervention or a certificate of completion in gang intervention training from the Urban Peace Institute.

Work Experience Pathway: An individual who has 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 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 Medi-Cal beneficiary.

CHWs must be supervised by a licensed provider, clinic, hospital, community-based organization, or local health jurisdiction. The supervising provider does not need to be the same entity as the provider who made the written recommendation for CHW services.”

### **Authorization**

California state plan amendment (SPA) 22-0001 authorizes Medicaid reimbursement for CHW services. <https://www.dhcs.ca.gov/formsandpubs/laws/Documents/SPA-22-0001-Approval.pdf>.

Also see: [Medi-Cal Provider Manual for the community health worker](#), Managed Care [All Plan Letter \(APL\) 22-016](#)

### **Documentation Requirements**

CHWs are required to document the dates and time/duration of services provided to beneficiaries. “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 SNAP application for 30 minutes. Referred patient to XYZ food pantry.” Documentation shall be accessible to the supervising provider upon request.

CHWs may provide CHW services to individuals with asthma, but evidence-based asthma self-management education and asthma trigger assessments may only be provided by asthma preventive service providers.”

### **Plan of Care**

Providers are encouraged to develop a written plan of care when a need for multiple or ongoing CHW services is identified. A written plan of care is required for continued CHW services after 12 units of care per beneficiary in a single year, with the exception of services provided in the emergency department. “One or more licensed providers must develop a written plan of care. 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 on the team that develops the plan of care. The plan of care may not exceed a period of one year. The plan must meet the following conditions:

- Specifies the condition that the service is being ordered for and be relevant to the condition

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- Includes a list of other healthcare professionals providing treatment for the condition or barrier
- Contains written objectives that specifically address the recipient's condition or barrier affecting their health
- Lists the specific services required for meeting the written objectives
- Includes the frequency and duration of CHW services (not to exceed the provider's order) to be provided to meet the care plan's objectives

A licensed provider must review the beneficiary'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."

### Limitations

The following services are not allowed under the CHW benefit:

- Clinical case management/care management that requires a license
- Childcare
- Chore services, including shopping and cooking meals
- Companion services
- Employment services
- Helping a beneficiary 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 beneficiary
- Transporting beneficiaries
- Services provided to individuals not enrolled in Medi-Cal, except as noted above
- Services that require a license

### Targeted Populations

Services available to members with a chronic condition (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 meeting their health or health-related social needs, and/or benefit from preventive services.

### Sources

1. [Medi-Cal Coverage of Community Health Worker \(CHW\) Services is Effective July 1, 2022 | Medi-Cal Providers](#)
2. [Community Health Workers\(ca.gov\)](#)
3. [SPA 22-0001 Approval \(ca.gov\)](#)
4. [State Policies for Expanding Medicaid Coverage of Community Health Worker \(CHW\) Services | KFF](#)

## Reimbursement Detail

### Payment Method Description

Effective from July 4, 2022, Med-Cal covers community health workers services, including preventative services, health education, health navigation, screening and assessment, and individual support or advocacy. Rates are paid on an FFS basis.

### Rates Paid and Time Increments

CPT Code	Payment Rate
98960- patient education & training for 1 patient for 30 minutes	\$26.66
98961- for a group of two to four patients for 30 minutes	\$12.66 per person
98962- or a group of five to eight patients for 30 minutes	\$9.46 per person

In addition, the following are allowable modifiers that may be used with these CPT codes:

Modifiers	Description
U2	Used to denote services rendered by community health workers
U3	Used to denote services rendered by asthma preventive service providers

### Limitations

- Maximum frequency is four units (two hours) per day per beneficiary, any provider.
- Additional units per day may be provided with an approved treatment authorization request (TAR) for medical necessity. TARs may be submitted after the service was provided.

### Source

1. [Medi-Cal Coverage of Community Health Worker \(CHW\) Services is Effective July 1, 2022 | Medi-Cal Providers](#)

## CHW Program Contact Information

Program Email: [CHWBenefit@dhcs.ca.gov](mailto:CHWBenefit@dhcs.ca.gov)

### René Mollow, MSN, RN

Deputy Director, Health Care Benefits & Eligibility

Email: [Rene.Mollow@dhcs.ca.gov](mailto:Rene.Mollow@dhcs.ca.gov)

Phone: (916) 440-7800

## **ForHealth Consulting at UMass Chan Medical School**

### **Lisa Murawski**

Chief, Benefits Division (FORMER- until 3/2023)

Email: [Lisa.Murawski@dhcs.ca.gov](mailto:Lisa.Murawski@dhcs.ca.gov)

Phone: (916) 345-8240

### **Angeli Lee**

Director's Office, Medi-Cal Community Health Worker Advisory Workgroup

Department of Health Care Services

[Angeli.Lee@dhcs.ca.gov](mailto:Angeli.Lee@dhcs.ca.gov)

## **Colorado**

The state does currently not provide Medicaid reimbursement for CHW services but is in the process of authorizing Medicaid reimbursement. See details below:

Bill SB23-002, "Medicaid Reimbursement for Community Health Services," was signed on 5/10/23.

Legislative language: <https://leg.colorado.gov/bills/sb23-002>

Fiscal note:

[https://leg.colorado.gov/sites/default/files/documents/2023A/bills/fn/2023a\\_sb002\\_f1.pdf](https://leg.colorado.gov/sites/default/files/documents/2023A/bills/fn/2023a_sb002_f1.pdf)

The state will be seeking authorization via a SPA.

Excerpt: "(2) no later than July 1, 2024, the state department shall seek federal authorization from the Centers for Medicare and Medicaid Services to provide reimbursement for community health worker services including, but not limited to, the delivery of preventive services, group and individual health education and health coaching, health navigation, transitions of care supports, screening and assessment for nonclinical and social needs, and individual support and health advocacy."

## **Connecticut**

The state does currently not provide Medicaid reimbursement for CHW services but is currently in the process of planning for Medicaid reimbursement.

## **Delaware**

The state does not provide Medicaid reimbursement for CHW services.

## **Florida**

### **Scope of Service**

The "managed care plan may, through its healthy behavior programs, deploy a number of interventions as part of the overall therapeutic process, including the provision of medication therapy management support services provided by a community health worker."

## Source

[https://ahca.myflorida.com/content/download/9918/file/Attachment\\_II\\_Core\\_Contract\\_Provisions\\_2020-10-01.pdf](https://ahca.myflorida.com/content/download/9918/file/Attachment_II_Core_Contract_Provisions_2020-10-01.pdf)

## Georgia

### Service Detail

#### Scope of Service

Georgia reimburses CHW services for postpartum people for up to 60 days through a section 1115 demonstration, implemented through Medicaid MCOs.

Care management services are delivered by “Resource Mothers,” a recognized population-specific CHW model. The state does not cover CHW services in any other capacity.

“The Resource Mother mentors women who give birth to babies with very low birth weight (VLBW), defined as weighing less than 3 pounds, 5 ounces at birth. She offers support to mothers and provides them with information on parenting, nutrition, and healthy lifestyles. Resource Mothers also offer the following services:

- Meet with participants via phone or in person to increase their adoption of healthy behaviors, including healthy eating choices and smoking cessation
- Follow-up to make sure the baby receives regular “well-baby” check ups and immunizations
- Referrals to community resources such as WIC
- Provides the mother with the peer and emotional support needed to meet the health demands of her VLBW baby”

#### Member Eligibility Criteria

Women who give birth to babies weighing less than 3 pounds, 5 ounces.

#### Source

1. [Resource Mother | P4HB® Program | Peach State Health Plan \(pshpgeorgia.com\)](#)

### Reimbursement Detail

This benefit is funded through a capitation model through Medicaid managed care as one component of the postpartum service array.

#### Source

1. [State Community Health Worker Policies: Georgia - NASHP](#)

## Hawaii

The state does not provide Medicaid reimbursement for CHW services.

## Idaho

### Service Detail

#### Scope of Service

Idaho established a tiered primary care case management (PCCM) program, referred to as Healthy Connections PCMH (patient-centered medical homes) Tier Program. The PCCM program incentivizes primary care providers to incorporate CHWs into their care coordination models by offering a higher per member per month (PMPM) case management payment to Tier 2 and 3 organizations.

To qualify to be a Tier 2 or 3 organization, applicants must “demonstrate dedicated care coordination staff or equivalent support for care management of individuals with chronic illnesses.”

#### Sources

1. [Idaho Develops a Medicaid Value-Based Payment Model for its FQHCs, Based on Cost and Quality - NASHP](#)
2. Provider Resources and Forms: [Healthy Connections and Healthy Connections Value Care | Idaho Department of Health and Welfare](#)
3. Member Resources and Forms: [Manage my Medicaid with Healthy Connections | Idaho Department of Health and Welfare](#)

### Reimbursement Detail

The PCCM program incentivizes care coordination by offering a higher PMPM case management payment to Tier 2 and 3 organizations.

#### Rates Paid and Time Increments

Tier	PMPM
Tier 1	\$3.00 for all assigned participants. (CHW services not offered)
Tier 2	\$7.00 for all assigned participants.
Tier 3	\$9.50 for all assigned participants.

#### Sources

1. Tier Overview with rate Information:  
<https://publicdocuments.dhw.idaho.gov/WebLink/Browse.aspx?id=2483&dbid=0&repo=PUBLIC-DOCUMENTS>
2. Tier applications:  
<https://publicdocuments.dhw.idaho.gov/WebLink/Browse.aspx?id=4385&dbid=0&repo=PUBLIC-DOCUMENTS>

## CHW Program Contact Information

### Healthy Connections Consolidated Unit

Email: [HCCR7@dhw.idaho.gov](mailto:HCCR7@dhw.idaho.gov)

Fax: (888) 532-0014

### Regional Contact Info

<https://publicdocuments.dhw.idaho.gov/WebLink/DocView.aspx?id=5534&dbid=0&repo=>

## Illinois

The state does not provide Medicaid reimbursement for CHW services.

## Indiana

### Service Detail

#### Scope of Service

The Indiana Health Coverage Programs (IHCP) defines a community health worker as “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 CHW 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 CHW 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.

CHWs extend the reach of providers into underserved communities, reducing health disparities, enhancing provider communication, and improving health outcomes and overall quality measures. Working in conjunction with trained health professionals, CHWs can bridge gaps in communication and instill lasting health knowledge.”

Effective July 1, 2018, the Indiana Health Coverage Programs (IHCP) covers the following CHW services:

- Diagnosis-related patient education for members regarding self-managing physical or mental health, in conjunction with a health care team – This service allows a CHW to extend education efforts associated with any physical or mental health concern that a member may encounter.
- Facilitation of cultural brokering between a member and the member’s health care team – This service allows a CHW to act as a facilitator between a Medicaid member and a provider when cultural factors (such as language or socioeconomic status) become a barrier to properly understanding treatment options or treatment plans.
- Health promotion education to a member on behalf of the health care team to prevent chronic illness – This service allows a CHW to discuss and promote healthy behaviors with a member to increase awareness and avoid the development of chronic illnesses.



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- Direct preventive services or services aimed at slowing the progression of chronic diseases.

### Authorization

CHW service reimbursement is authorized via SPA 18-005.

### Duration of Services/Limitations

The IHCP will not cover the following CHW services:

- Insurance enrollment and “navigator” assistance
- Case management and care coordination
- Arranging for transportation or providing transportation for a member to and from services
- Direct patient care outside the level of training and certification an individual has attained

### Sources

1. SPA 18-005 [IN-18-005.pdf \(medicaid.gov\)](#)
2. PPT Presentation on CHW services and reimbursement, presented by Indiana Office of Medicaid Policy: [FSSA OMPP PPT Template \(iu.edu\)](#)
3. Scope of Practice document: [IN10\\_Indiana Community Health Worker Scope of Practice.doc \(live.com\)](#)
4. Overview of Reimbursement strategy: <https://www.chcf.org/wp-content/uploads/2022/08/SummaryMedicaidStatePlanAmendmentsCHWs.pdf>
5. Provider Bulletin: [BT201826 \(indianamedicaid.com\)](#)

## Reimbursement Detail

### Payment Method Description

Reimbursement is available for medically necessary health care services provided by a certified community health worker within the scope of the applicable certification program. “The services within the applicable certification program of a certified community health worker should be within the scope of practice for each of the following supervising licensed practitioners: health services provider in psychology, advanced practice nurse, physician assistant, podiatrist, and chiropractor. Supervision of the certified community health worker is included in the scope of practice for each supervising licensed practitioner. Each supervising licensed practitioner shall assume professional responsibility for the services provided by the certified community health worker. Each supervising licensed practitioner shall bill for the services of the certified community health worker.

Prior authorization is not required for CHW services. The billing provider must maintain documentation of medical necessity for any services provided by a CHW. Providers are expected to adhere to the established unit limitations; adherence will be subject to post-payment review.”

## Rates Paid and Time Increments

Rate effective 1/1/2024.

CPT Code	Payment Rate
98960 – Self-management education & training, face-to-face, 1 patient	26.56
98961 – Self-management education & training, face-to-face, 2–4 patients	\$12.82 per person
98962 – Self-management education & training, face-to-face, 5–8 patients	\$9.42 per person

Previous Rate: Effective from 12/21/2018- 12/31/2023.

CPT Code	Payment Rate
98960 – Self-management education & training, face-to-face, 1 patient	\$9.70
98961 – Self-management education & training, face-to-face, 2–4 patients	\$4.67 per person
98962 – Self-management education & training, face-to-face, 5–8 patients	\$3.43 per person

## Limitations

- Covered CHW services are limited to 4 units (or 2 hours) per day per member.
- Covered CHW services are limited to 24 units (or 12 hours) per month per member.
- CHWs will not enroll as providers with the IHCP. Rather, CHWs are required to be employed by an IHCP-enrolled billing provider and to deliver services under the supervision of one of the following IHCP-enrolled provider types:
  - Physician
  - Health services provider in psychology
  - Advanced practice nurse
  - Physician assistant
  - Podiatrist
  - Chiropractor

The billing provider must maintain documentation of CHW certification for the individual providing the CHW services.

## Sources

1. Provider Bulletin: [BT201826 \(indianamedicaid.com\)](https://www.in.gov/medicaid/providers/business-remittance/ihcp-fee-schedules/)
2. Provider Fee Schedule: <https://www.in.gov/medicaid/providers/business-remittance/ihcp-fee-schedules/>

## CHW Program Contact Information

### Holly Cunningham Piggott, MPM

Director of Care Programs

Indiana Family and Social Services Administration

Office of Medicaid Policy and Planning

Email: [holly.cunninghampiggott@fssa.in.gov](mailto:holly.cunninghampiggott@fssa.in.gov)

Phone: (317) 233-6117

## **Iowa**

### **Service Detail**

#### **Scope of Service**

Iowa Total Care (Medicaid managed care program) offers health insurance plans with value-added services that suit the needs of families and individuals throughout Iowa. CHWs are part of the care team via the Member Connections Community Outreach Program and are called outreach workers.

Member Connections community health workers “provide a high touch, personal level of interaction with our members that builds strong relationships and trust.” CHWs “are hired from within the communities we serve to help ensure that our outreach is culturally competent and conducted by people who know the needs of the people in the community.” CHWs “receive comprehensive training, including CHW certification, and become an important part of our Member Services and Care Coordination staff, which benefits our members and increases our effectiveness.” CHWs “make home visits to high-risk members we cannot reach by phone and will assist with member outreach, coordinate social services, and attend community events to provide health education and outreach.

#### **Member Eligibility Criteria**

Iowa Total Care high-risk members with multiple chronic health conditions

#### **Source**

1. Member Handbook: [https://www.iowatotalcare.com/content/dam/centene/iowa-total-care/PDF/ITC\\_MemberHandbook\\_2021-EN\\_508.pdf](https://www.iowatotalcare.com/content/dam/centene/iowa-total-care/PDF/ITC_MemberHandbook_2021-EN_508.pdf)

## **Kansas**

### **Service Detail**

#### **Scope of service**

Kansas community health workers utilize “core competencies that aid in connecting individuals to the information and services needed for optimal, individualized health outcomes. Core competencies support the CHW in performing appropriately within different models of practice as determined by employers. The following scope of practice encompasses the roles and responsibilities CHWs may have based upon existing practice models being utilized by multi-disciplinary employers:

- Client Support: Provide encouragement and social support to assist clients with goal setting and barrier identification within professional boundaries.
- Care Coordination: Assist in coordinating care by linking people to appropriate information and services.

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- Healthcare Liaison: Serve as a culturally informed liaison between clients, community, and healthcare systems.
- Health Education: Provide culturally appropriate health education to individuals, organizations, and/or communities in an effort to reduce modifiable risk factors and encourage healthy behaviors.
- Advocacy: Recognize gaps and advocate for individual and community health needs.

CHW services shall include:

- Screening and assessment to identify health-related social needs and barriers to accessing healthcare.
- Health promotion and coaching to assist beneficiaries in setting goals and action plans to address health-related social needs and barriers to accessing healthcare; and provide information, coaching, and support to assist beneficiaries in engaging and re-engaging in their own healthcare, including adherence to treatment plans, follow up with necessary healthcare, and self-management of chronic conditions.
- Health system navigation and resource coordination to serve as a cultural liaison between the beneficiary and the healthcare system and to link beneficiaries to appropriate information and services to help navigate the healthcare system to address health-related social needs or barriers to healthcare.
- Health Education and Training for individuals and groups of beneficiaries, consistent with established or recognized healthcare standards, on methods and measures to prevent disease, disability, and other health conditions or their progression.
- Care planning with a beneficiary's care team to support a person-centered, holistic approach to care delivery to promote physical and mental health and efficiency and to address health-related social needs and barriers to accessing healthcare.

These services may be provided in the community, in a clinic setting, individually, or in a group. The supervising practitioners will be Physicians, Dentists, Advanced Practitioner Registered Nurses, Licensed Mental Health Professionals, or Physician Assistants.”

### Provider Eligibility

A CHW is “an individual certified in the State of Kansas to provide services within the scope of the certification program. Supervision of the certified community health worker is included in the scope of practice for each supervising licensed practitioner. Each supervising licensed practitioner shall assume professional responsibility for the services provided by the certified community health worker and attest to the CHW's certification.”

### Authorization

CHWs service reimbursement began on 7/1/2023 via state plan amendment #: 23-0024.

### Sources

1. Kansas State plan amendment(SPA) #: 23-0024 [KS-23-0024.pdf \(medicaid.gov\)](#)
2. [Estimated FFP:](#)  
[https://www.snco.us/HD/document/media%20releases/Public\\_Notices/PublicNotice-LHD-CommunityHealthWorkers.pdf](https://www.snco.us/HD/document/media%20releases/Public_Notices/PublicNotice-LHD-CommunityHealthWorkers.pdf)
3. Kansas Division of Public Health CHW page: [Community Health Workers| KDHE, KS](#)

4. Kansas Maternal and Child Health CHW Handout: [CHWs in Kansas KMCHC Handout.pdf \(kansasmch.org\)](#)

## Reimbursement Detail

### Payment Method Description

Reimbursement for services is based upon a Medicaid fee schedule established by the State of Kansas. Effective July 1, 2023, reimbursement rates for community health workers have been added to the state plan.

### Rates Paid and Time Increments

CPT Code	Payment Rate
98960 – Self-management education & training, face-to-face, 1 patient	\$9.70
98961 – Self-management education & training, face-to-face, 2–4 patients	\$4.67 per person
98962 – Self-management education & training, face-to-face, 5–8 patients	\$3.43 per person

### Sources

1. KMAP Fee Schedule: Select program TXIX and rate type “Medicaid.” [FeeSchedules \(kmap-state-ks.us\)](#)
2. Estimated FFP: [https://www.snco.us/HD/document/media%20releases/Public\\_Notices/PublicNotice-LHD-CommunityHealthWorkers.pdf](https://www.snco.us/HD/document/media%20releases/Public_Notices/PublicNotice-LHD-CommunityHealthWorkers.pdf)

## CHW Program Contact Information

### Jackie Catron

Section Director

Email: [Jackie.Catron@ks.gov](mailto:Jackie.Catron@ks.gov)

Phone: (785) 291-3683

## Kentucky

### Service Detail

#### Scope of Service

Kentucky certified CHWs provide a typical range of services, including care coordination, systems navigation, health coaching, patient advocacy, clinical support, and community outreach. Notably, dental clinics and schools can be reimbursed for CHW services provided to members.

In accordance with title 902 KAR chapter 21 regulation 40 Section 7, “Certified Community Health Worker Scope of Practice, a certified community health worker may:

1. Provide cultural mediation among individuals, communities, and health and social service systems;
2. Provide culturally appropriate health education and information;

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3. Provide care coordination, case management, and system navigation services;
4. Provide coaching and social support;
5. Advocate for individuals and communities;
6. Build individual and community capacity;
7. Provide direct services;
8. Implement individual and community assessments;
9. Conduct outreach; or
10. Participate in evaluation and research.

A certified community health worker may provide the following services:

- a) Direct preventative services or services designed to slow the progression of chronic diseases, including screenings for basic human needs and referrals to appropriate services and agencies to meet those needs;
- b) Health promotion education to prevent illness or disease, including the promotion of healthy behaviors to increase awareness and prevent the development of illness or disease;
- c) Facilitation between a beneficiary and a provider when cultural factors, such as language, socioeconomic status, or health literacy, become a barrier to properly understanding treatment options or treatment plans;
- d) Diagnosis-related patient education regarding self-management of physical, dental, or mental health; and
- e) Any other service approved by the Department for Medicaid Services”

### Member Eligibility

There is no requirement that a provider must see a patient before CHWs can provide services. However, the patient’s file should clearly document the need for the CHW service.

### Provider Eligibility

“Section 3. Certified Community Health Worker Eligibility.

- (1) An applicant for certification as a community health worker may be eligible based on training or verifiable employment.
- (2) To be eligible based on training, the applicant shall submit:
  - (a) Documentation of successful completion of a competency-based training program by a KOCHW approved organization. Training shall be completed within three (3) years prior to application; and
  - (b) Documentation of successful completion of a minimum of forty (40) hours of verifiable mentorship completed within three (3) years prior to application.
- (3) To be eligible based on experience the applicant shall have a minimum of 2,500 hours of verifiable employment as a community health worker within three (3) years prior to application.”

### Authorization

CHW services are authorized via state plan amendment 23-0002.

### Documentation Requirements

Services must be delivered according to a plan of care and may include:

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- Health system navigation
- Health promotion and coaching
- Preventative health training and assistance
- Health education and training

### Duration of Services/Limitations

Two units per member per week and no more than 104 units per calendar year.

### Sources

1. Kentucky Administrative Regulation (KAR) 902 KAR 21:040  
<https://apps.legislature.ky.gov/law/kar/titles/902/021/040/>
2. Kentucky Revised Statute (KRS) [309.460](#) statutory requirements regarding CHW certification:
3. Kentucky Revised Statute (KRS) [309.462](#) continuing education
4. Kentucky Revised Statute (KRS) [309.464](#) duties of the Department for Public Health
5. CHW Main Page: [Office of Community Health Workers- Cabinet for Health and Family Services \(ky.gov\)](#)
6. Medicaid FAQ for Providers: [CHW Medicaid FAQ.pdf \(ky.gov\)](#)
7. Kentucky SPA 23-0003 <https://www.chfs.ky.gov/agencies/dms/spa/230002CHW.pdf>

### Reimbursement Detail

Reimbursement for community health workers in Kentucky's state plan was effective July 1, 2023.

**“Fee-for-service (FFS)** will reimburse for CHW services according to the FFS fee schedule.

**Managed Care Organizations (MCOs)** will reimburse for CHW services. Reimbursement is determined by the provider's contract with the MCO. MCOs may also employ CHWs but may not deny reimbursement to a provider based on duplication.

**Federally qualified health centers, rural health centers, or certified community behavioral health centers** will not receive a wrap payment up to the daily prospective payment system (PPS) rate if this is the only service being billed. If it is the only service provided, it will be paid based on the fee schedule. If CHW services are provided on the same day as a service that does generate a wrap, then the CHW service will be bundled into the PPS rate.

**Hospitals** utilizing CHW services are part of the Hospital Rate Improvement Program. They are not able to bill separately for the service.

**Community-based organizations** are not currently eligible for reimbursement for CHW services unless they are enrolled as an eligible Medicaid provider type or contract through an enrolled eligible Medicaid provider type.

If a provider receives federal, state, or private grant funding supporting a CHW, the provider cannot also bill Medicaid for services provided by that CHW for a Medicaid member. A provider must maintain records demonstrating no duplication of funding for the CHW and Medicaid reimbursement.”

Oral health CHWs: Dental providers can also bill the CHW codes. The claims system will accept those codes and they will be added to the dental fee schedule.



## Rates Paid and Time Increments

CPT Code	Payment Rate
98960 – Self-management education & training, face-to-face, 1 patient	\$22.53
98961 – Self-management education & training, face-to-face, 2–4 patients	\$10.88 per person
98962 – Self-management education & training, face-to-face, 5–8 patients	\$8.03 per person

## Limitations

Two units per member per week and no more than 104 units per calendar year.

## Sources

1. Medicaid FAQ for Providers: <https://www.chfs.ky.gov/agencies/dms/Documents/CHW%20Medicaid%20FAQ.pdf>
2. Physician Fee Schedule: <https://www.chfs.ky.gov/agencies/dms/Pages/feesrates.aspx>

## CHW Program Contact Information

### Office of Community Health Workers

Email: [chw.certification@ky.gov](mailto:chw.certification@ky.gov)

(502) 564-7996

Mailing Address:

275 E. Main Street, HS2WE

Frankfort, KY 40621

\*Providers may contact [KY\\_Provider\\_Inquiry@gainwelltechnologies.com](mailto:KY_Provider_Inquiry@gainwelltechnologies.com) for CHW billing questions.

## Louisiana

### Service Detail

#### Scope of Service

Provider Type (IB 22-20) community health worker services are reimbursable by Medicaid “when recommended by a licensed provider to address health-related chronic diseases, promote the maximum reduction of physical or mental disability and restoration of beneficiaries to their best possible functional level.

Covered services include:

- Health promotion and coaching
  - This can include assessment and screening for health-related social needs, setting goals and creating an action plan, on-site observation of enrollees’ living situations, and providing information and/or coaching in an individual or group setting.
- Care planning with the enrollee and their healthcare team



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- This should occur as part of a person-centered approach to improve health by meeting an enrollee's situational health needs and health-related social needs, including time-limited episodes of instability and ongoing secondary and tertiary prevention.
- Health system navigation and resource coordination services
  - This can include helping to engage, reengage, or ensure patient follow-up in primary care, routine preventive care, adherence to treatment plans, and/or self-management of chronic conditions.”

### Member Eligibility Criteria

Member must have one or more of the following:

- Diagnosis of one or more chronic health (including behavioral health) conditions;
- Documented or suspected unmet health-related social need; or
- Pregnancy.

“Services must be ordered by a physician, advanced practice registered nurse (APRN), or physician assistant (PA) with an established clinical relationship with the enrollee. Services must be rendered under this supervising provider's general supervision, defined as under the supervising provider's overall direction and control, but the provider's presence is not required during the performance of the CHW services.”

### Provider Eligibility

#### A. Provider Qualifications

A qualified CHW is an individual who:

- Has completed state-recognized training curricula approved by the Louisiana Community Health Worker Workforce Coalition, or
- Has 3,000 hours of documented work experience as a CHW.

Please note that the state of Louisiana has chosen to forego CHW certification in response to CHW workforce concerns. See Louisiana Community Health Worker Workforce Study: <https://www.medschool.lsuhs.edu/chve/docs/Updated%20CHW%20Workforce%20Study%20Report%20-%20May%202020.pdf>

### Duration of Services/Limitations

#### Coverage Limitations

- Services will only be covered up to two hours per day and ten hours per month, per beneficiary. This limit may be exceeded based on medical necessity.
- Group services are limited to eight unique beneficiaries at one time.

The following services are not covered:

- Insurance enrollment and insurance navigator assistance
- Case management
- Directly providing transportation for a beneficiary to and from services

## **Targeted Populations**

Members with chronic conditions, behavioral health issues, or pregnant people.

## **Sources**

1. State plan amendment 22-0003 (PDF), Louisiana Dept. of Health (DOH), May 23, 2022. <https://www.medicaid.gov/sites/default/files/2022-05/LA-22-0003.pdf>
2. The Louisiana community health worker workforce study committee report [Microsoft Word - Updated CHW Workforce Study Report - May 2020.docx \(lsuhsc.edu\)](#)
3. Community Health Workers: Key for improving health in Louisiana [MedicaidQualGroupPresentation.pdf \(la.gov\)](#)

## **Reimbursement Detail**

### **Payment Method Description**

“Reimbursement for CHW services is provided via fee-for-service (FFS) and alternative payment method (APM). Specifically, FQHC, RHC [rural health clinics], and MCO providers receive enhanced reimbursement rates via alternative payment method (APM).

FFS reimbursement: State-developed fee schedule rates are the same for both governmental and private providers of CHW services.

Managed Care Organization (MCO) reimbursement: The MCO shall require providers who employ CHWs to verify, maintain, and provide documentation, as requested by LDH, that qualification criteria are met. The MCO shall reimburse a maximum of two hours per day and ten hours per month per enrollee. Services provided to more than one enrollee must be documented in the clinical record and billed appropriately using the approved codes associated with the number of people receiving the service simultaneously. This is limited to eight unique enrollees per session.

Reimbursable CHW services must be “incident to” the supervising physician, APRN, or PA.”

For more details, see [Provider Notice: Community Health Workers \(IB 22-20\) | Louisiana Healthcare Connections \(louisianahealthconnect.com\)](#)

FQHC/RHC reimbursement:

“Medicaid received approval from the Centers for Medicare and Medicaid Services (CMS) to reimburse services rendered by qualified Community Health Workers (CHW) in federally qualified health centers (FQHC) and rural health clinics (RHC) effective for dates of service on or after January 1, 2022.

CHW service reimbursement to FQHC/RHC is based on an alternative payment methodology, which allows reimbursement outside of the current Prospective Payment System rate for CHW services provided in FQHC and RHC settings. Providers will receive payment for services at the rate on file for the date of services as published on the Professional Service fee schedule on [www.lamedicaid.com](http://www.lamedicaid.com).

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FQHCs/RHCs will receive the rate on file for community health worker services in addition to the all-inclusive encounter rate payment on the same date of service. These services follow Medicaid policy in Chapter 5 of the Medicaid Services Manual, Professional Services Provider Manual for these providers.”

In order to be considered for reimbursement, FQHC and RHC claims for CHW service reimbursement must include all of the following:

- A Healthcare Common Procedure Coding System (HCPCS) for the visit (T1015, H2020, or D0999)
- An evaluation and management code
- The corresponding Current Procedural Terminology (CPT) code for the CHW services to receive reimbursement

## Rates Paid and Time Increments

FFS Rate

CPT Code	Payment Rate
98960 – Self-management education & training, face-to-face, 1 patient	\$18.11
98961 – Self-management education & training, face-to-face, 2–4 patients	\$6.04 per person
98962 – Self-management education & training, face-to-face, 5–8 patients	\$2.79 per person

## Sources

1. Fee schedule: FQHC and Rural Health Centers is located under “other fee schedules”[https://www.lamedicaid.com/provweb1/fee\\_schedules/Other\\_Fee.htm](https://www.lamedicaid.com/provweb1/fee_schedules/Other_Fee.htm)
2. MCO Manual: [https://ldh.la.gov/assets/medicaid/Manuals/MCO\\_Manual.pdf](https://ldh.la.gov/assets/medicaid/Manuals/MCO_Manual.pdf)
3. [Provider Notice: Community Health Workers \(IB 22-20\) | Louisiana Healthcare Connections \(louisianahealthconnect.com\)](https://www.louisianahealthconnect.com/provider-notice-community-health-workers-ib-22-20)
4. Louisiana Department of Health Informational Bulletin 22-21 Community Health Workers in Federally Qualified Health Centers and Rural Health Clinics  
[https://ldh.la.gov/assets/docs/BayouHealth/Informational\\_Bulletins/2022/IB22-21/IB22-21\\_revised\\_07.07.22.pdf](https://ldh.la.gov/assets/docs/BayouHealth/Informational_Bulletins/2022/IB22-21/IB22-21_revised_07.07.22.pdf)

## CHW Program Contact Information

### Ashley Wennerstrom, PhD, MPH

Director, Louisiana Community Health Worker Institute

Email: [awenne@lsuhsc.edu](mailto:awenne@lsuhsc.edu)

### Catherine Gray Haywood

Executive Director, Louisiana Community Health Outreach Network (LACHON):

Email: [chaywood@lachon.org](mailto:chaywood@lachon.org) OR [gray.catherine1949@gmail.com](mailto:gray.catherine1949@gmail.com)

### Irma Gauthier

(contact for questions regarding provider bulletins)

Email: [Irma.Gauthier2@la.gov](mailto:Irma.Gauthier2@la.gov)

Phone: (225) 342-5691

## **Maine**

### **Service Detail**

#### **Scope of Service**

CHW services are covered under Maine's PCPlus Program, which is the state primary care case management program or PCCM. Provider organizations who are approved for tier 2 and 3 memberships receive higher per member per month rates.

Currently, the state is in the process of creating its policy language and service detail. In 2022, all PCPlus member organizations were asked to complete an environmental scan detailing the following:

- Practice information
- Identification and description of the population(s) you serve which could benefit from CHW engagement
- Identification and description of CHW services currently offered through your practice/organization
- Identification and description of community-based organizations (CBO) with which you currently partner to deliver CHW services
- Assessment of practice preparedness to integrate CHW services

#### **Authorization**

The PCCM program is authorized via state plan amendment 22-0002.

#### **Provider Eligibility**

Tier 2 and 3 organizations must: "offer community-based community health worker services directly or through partnerships (e.g., CBOs)"

#### **Sources**

1. Community Health Workers and Primary Care Plus (PCPlus) Webinar [CHW PCPlus Presentation.pdf \(maine.gov\)](#)
2. Environmental Scan Guide [PCPlus CHW Environmental Scan Guide.docx \(live.com\)](#)
3. Q&A: Using an Alternative Payment Model to Support Community Health Worker Sustainability in Maine's Primary Care Plus Program <https://nashp.org/qa-using-an-alternative-payment-model-to-support-community-health-worker-sustainability-in-maines-primary-care-plus-program/>
4. State plan amendment(SPA) #: 22-0002 <https://www.medicaid.gov/sites/default/files/2022-04/ME-22-0002.pdf>

### **Reimbursement Detail**

In July 2022, Maine launched the first phase of its new PCPlus initiative, which is an APM through MaineCare, Maine's Medicaid program, which provides a higher per member per month rate.

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“PCPlus is a new MaineCare primary care model that gives Primary Care Providers (PCPs) greater flexibility and incentives to meet MaineCare members’ healthcare needs by transitioning away from a volume-based (fee-for-service) payment system toward an approach that provides Population-Based Payments tied to cost- and quality-related outcomes.

Community Care Teams have the option to employ a CHW as an additional staff member, per policy. The per member per month payment allows Community Care Teams to fund CHW services/positions. CHW services are reimbursed by Maine Medicaid for Tier 2 (intermediate) and 3 (advanced) member organizations, which receive an enhanced rate to support CHW wages.”

### **Rates Paid and Time Increments**

PCPlus pays enrolled PCPs a per member per month payment based on the number of attributed members who have active MaineCare. Each practice will have a unique PMPM reimbursement rate based on the patient population and practice tier. The same rate is paid for all attributed members in a practice.

While most documentation in Maine indicates the CHWs are paid only through the PCP Plus plan capitation, the state has CHW service codes on its fee schedules of 98961 at \$9.26 and 98962 at \$6.82. It is not clear whether these codes are used in the state’s Medicaid program.

### **Sources**

1. Community Health Workers and Primary Care Plus (PCPlus) Webinar [CHW PCPlus Presentation.pdf \(maine.gov\)](#)
2. [Provider Fee Schedules - Publication \(maine.gov\)](#)

## **CHW Program Contact Information**

### **Benjamin Hummel**

CHW Project Coordinator

Maine Center for Disease Control & Prevention [benjamin.hummel@maine.gov](mailto:benjamin.hummel@maine.gov)

Phone: (207) 287-4070

### **Delivery System Reform Unit**

Office MaineCare Services

Email: [PCP-Network-Services.DHHS@maine.gov](mailto:PCP-Network-Services.DHHS@maine.gov)

## **Maryland**

The state does not provide Medicaid reimbursement for CHW services.

## **Massachusetts**

### **Service Detail**

## **Scope of Service**

The Code of Massachusetts Regulations (CMR) Title 272 Section 3.02 “Scope of Practice for a Certified Community Health Worker” states that the scope of practice for a certified community health worker includes:

- a) Providing culturally appropriate health education, information, and outreach in community-based settings including, but not limited to, homes, schools, hospitals, clinics, shelters, local businesses, and community centers
- b) Bridging or culturally mediating between individuals, families, communities, and Health and Human Services, including actively building individual and community capacity
- c) Assisting community members to access the health and human services they need
- d) Providing direct services, including but not limited to informal counseling on access to health and human services, social support, care coordination and health screenings
- e) Advocating for individual, family, and community needs pertaining to access to Health and Human Services
- f) Additional roles as may be identified by the board that may emerge in the development of community health worker practice

CHW core competencies outlined by the Board of Certification of Community Health Workers include:

- Member outreach
- Individual and community assessment
- Effective communication
- Cultural responsiveness and mediation
- Education to promote healthy behavior change
- Care coordination and system navigation
- Use of public health concepts and approaches
- Advocacy and community capacity building
- Documentation
- Professional skills and conduct

## **Provider Eligibility**

CHW certification is voluntary. There are two pathways to CHW certification in Massachusetts:

1. “The Work Experience Pathway requires applicants to document at least 4,000 hours of CHW work over the past 10 years. Work done as a volunteer (not paid) can be included in the 4,000 hours. This pathway will be available until June 30, 2023. There is no training requirement for the Work Experience Pathway. (Available immediately)
2. The CHW Training and Work Experience Pathway requires applicants to demonstrate at least 2,000 hours of CHW work over the past 10 years and successful completion of a Board Approved CHW Education and Training Program.”

## **Duration of Services/Limitations**

The Code of Massachusetts Regulations (CMR) Title 272 Section 3.02 “Scope of Practice for a Certified Community Health Worker” states that the scope of practice “does not include any act

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or service for which a license or registration issued by a professional licensing board is required.”

### Authorization

The service is authorized through the state 1115 demonstration waiver.

The Board of Certification of Community Health Workers, created in 2014, is responsible for the voluntary certification of CHWs.

### Sources

1. 272 CMR Board of Certification of Community Health Workers: <https://www.mass.gov/law-library/272-cmr>
2. [Community Health Workers| Mass.gov](#)
3. [Core Competencies for Community Health Workers| Mass.gov](#)
4. NASHP [State Community Health Worker Models - NASHP](#)
5. FAQ CHW Certification: <https://www.mass.gov/doc/community-health-worker-chw-faq-0/download>

## Reimbursement

### Payment Method Description

Funding for CHWs has been provided via the state 1115 demonstration waiver, which authorizes the state Medicaid program. Massachusetts' previous section 1115 demonstration provided funds to support partnerships with and hiring of CHWs.

Examples of previous funding via the 1115 demonstration waiver include:

- Community Health Worker (CHW) Training Capacity Expansion Grant Program (2020): \$1,166,236.00
- Community Health Worker (CHW) Supervisor Training Grant Program (2020): \$828,407.00

The current 1115 waiver also includes various funding provisions to incentive the use of the CHW workforce to deliver services. Examples include:

- Enhanced PMPM via Attachment M. Delivery System Reform Incentive Payment (DSRIP) Protocol, approved 6/21/23: Behavioral health community partners (BH CPs) and long-term services and supports community partners (LTSS CPs) receive an enhanced PMPM for care coordination supports for each member assigned to and engaged with the BH CP during the month.
  - The PMPM rate has been developed to account for, in part, the staff required to support the BH CP model, including the need for registered nurses, licensed clinicians, and access to a medical director for the performance of supports such as comprehensive assessments and medication reconciliation, as well as community health workers, health outreach workers, peer specialists and recovery coaches for the SMI and/or SUD population. Caseloads for each BH CP are expected to be between 35-50 engaged enrollees per FTE. The rate is anticipated to be \$180 PMPM.



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- Student Loan Repayment Program: Community health workers, peer specialists, and recovery support specialists are eligible for up to \$20,000 in total student loan repayments.
- Technical Assistance: The state will procure vendors to provide technical assistance (TA) to ACOs, CPs, and CSAs in a range of knowledge domains to help with the implementation of evidence-based interventions, including:
  - Care Coordination/Integration: Technical assistance to support, establish, and improve care coordination/integration best practices, including best practices around incorporating community health workers and social workers into practice, among other areas.

## Sources

1. 272 CMR Board of Certification of Community Health Workers:  
<https://www.mass.gov/law-library/272-cmr>
2. Attachment M Massachusetts Delivery System Reform Incentive Payment (DSRIP) Protocol: <https://www.mass.gov/doc/attachment-m-dsrp-protocol-approved-62123/download>
3. MassHealth Delivery System Reform Incentive Payment (DSRIP) Statewide Investments Slide Deck (see statewide investments #4 workforce development):  
<https://massleague.org/Programs/DSRIPStatewideInvestments/DSRIPStatewideInvestmentsOverviewMarch2018.pdf>

## CHW Program Contact Information

State email: [chwinfo@state.ma.us](mailto:chwinfo@state.ma.us)

### Brittany Brown

Chair, Board of Certification of Community Health Workers

[brittany.brown@state.ma.us](mailto:brittany.brown@state.ma.us)

## Michigan

### Service Detail

#### Scope of Service

“A community health worker (CHW)/community health representative (CHR) is a non-licensed public health provider who facilitates access to needed health and social services for beneficiaries.”

“Care coordination is the organization of activities between participants responsible for different aspects of a beneficiary’s care designed to facilitate the delivery of appropriate services across all elements of the broader health care system. It includes the management of integrated primary and specialty medical services, behavioral health services, and social, educational, vocational, and community services and supports to attain the goals of holistic, high-quality, cost-effective care and improved patient outcomes.



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System navigation serves to provide information, training, referrals, or support to assist beneficiaries to access health care, understand the health care system, or engage in their own care needs. This can also include transitional care support, which includes assisting a beneficiary when moving from one community or institutional setting to another. The following are examples of health system navigation and resource coordination services:

- Helping to engage, re-engage, or ensure patient-led follow-up in primary care; routine preventive care; adherence to treatment plans; and/or self-management of chronic conditions
- Helping a beneficiary find the appropriate Medicaid provider to receive a recommended covered service
- Helping a beneficiary make and keep an appointment for a Medicaid covered service.
- Arranging transportation to an appointment for a Medicaid covered service.
- Helping a beneficiary find and access other relevant community resources.
- Helping a beneficiary with a telehealth appointment and/or educating a member on the use of telehealth technology.”

“Health education to promote the beneficiary’s health or address barriers to physical and mental healthcare, including providing information or instruction on health topics. “The content of health education must be consistent with established or recognized healthcare standards and best practices. Health education may include coaching and goal setting to improve a beneficiary’s health or ability to self-manage health conditions.

The following are examples of Health Promotion and Education topics:

- Injury prevention
- Addressing family violence/inter-partner violence
- Control of certain health conditions (i.e., asthma, high blood pressure, etc.)
- Dementia
- Diabetes prevention and control
- Chronic pain self-management
- Chronic disease self-management
- Family planning
- Oral disease prevention
- Improvement in safety and the environmental health of housing, for example, to mitigate asthma risk, risk of injury from unsafe housing, lead exposure, etc.
- Improvement in nutrition
- Improvement of physical fitness
- Occupational safety and health
- Improvement in mental health outcomes
- Prevention of fetal alcohol syndrome/neonatal abstinence syndrome
- Reduction in the misuse of alcohol or drugs
- Tobacco cessation
- Promotion of preventative services, such as cancer screenings and immunizations

Other billable services may be applicable based on individual or community need and within the CHW scope of practice.”

## **Member Eligibility Criteria**

Conditions that may define a beneficiary's need for CHW services must be assessed utilizing an appropriate health risk and or social determinant of health (SDOH) screening/assessment tool. The conditions that may support the need for CHW services “include but are not limited to:

- Diagnosis of one or more chronic health conditions, including behavioral health
- Unmet health-related social need
- Pregnancy and up to 12 months postpartum

As required by federal regulations at CFR 440.130(c), CHW services must be recommended by a licensed healthcare provider. Healthcare providers qualified to recommend CHW services include, but are not limited to, the following:

- Physician
- Physician Assistant
- Advanced Practice Registered Nurse
- Registered Nurse
- Licensed Master Social Worker
- Dentist

The recommendation must be recorded in the CHWs record of services provided to the beneficiary. Alternatively, the recommending practitioner may provide the patient with a written statement that recommends the patient receive CHW services. Licensed healthcare providers recommending CHW services are not required to be part of the beneficiary’s healthcare team, but collaboration is highly encouraged.”

## **Provider Eligibility**

A provider must be a certified CHW to be eligible for reimbursement.

“An individual is eligible to deliver CHW services and seek reimbursement if the individual meets the following criteria:

- Must be 18 years of age or older
- Possess at least a high school diploma or high school equivalency diploma/certification
- Have completed a skills-based community health worker training program or curriculum
- Have completed 1,000 hours of experiential learning in the previous three years
- Have completed an initial CHW application
- Maintain six (6) hours of continuing education directly related to CHW core competencies with educational objectives that exceed an introductory level of knowledge; “core competencies” refers to a curriculum that, at a minimum, aligns with national standards as outlined in the Community Health Worker Core Consensus Project (C3 Project), facilitating advancing knowledge to develop core skills and assume job responsibilities.

During the initial 24 months of the policy implementation, an individual who does not possess the above-required qualifications will be considered eligible to temporarily deliver CHW services and seek reimbursement if the individual meets the following criteria:

- Must be 18 years of age or older;

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- Possess at least a high school diploma or high school equivalency diploma/certification;
- Have completed an initial CHW application.
  - Provide the appropriate documentation to the MDHHS-designated contractor.
- Demonstrates active pursuit of the minimum provider skills-based and experiential learning qualifications as evidenced through documentation of one of the following:
  - Completed a CHW training program or CHR National Training Program, including core competencies, provided by an accredited college, an organization, CHW training entity, or the Indian Health Service, and 1,000 hours of experiential learning in the previous three years
  - Completed a CHW training program, including core competencies, provided by an accredited college, an organization, a CHW training entity, and a written plan for achieving 1,000 hours of experiential learning within the designated time frame
  - Completed a CHR National Training Program delivered through the Indian Health Service and a written plan for achieving 1,000 hours of experiential learning within the designated time frame
  - Completed 1,000 hours of experiential learning in the previous three years and have a written plan for completing a CHW or CHR training program, including core competencies, within the designated time frame”

### Authorization

Effective October 1, 2023, via state plan amendment (SPA) 23-0020. The SPA request to CMS was submitted with a corresponding alternative benefit plan (ABP) SPA.

### Documentation Requirements

Documentation must include a start time and end time of services provided, a description of the professional services rendered, and information regarding the source of the licensed health care provider’s recommendation for services. Documentation must be kept in accordance with the record-keeping requirements of the Medicaid program and may be subject to review and post-payment audit.

Care Plan: Care team providers must submit evidence of active care plan development or active care plan maintenance to the state’s Medicaid Management Information System, known as the Community Health Automated Medicaid Processing System (CHAMPS).

### Duration of Services/Limitations

Non-covered Services:

- Case management
- Transportation services
- Personal care services/home help, including shopping and cooking meals.
- Companion services
- Employment services
- Helping a beneficiary enroll in government or other assistance programs that are not related to improving their health as part of a provider’s recommendation.
- Delivery of medication, medical equipment, or medical supply

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- Respite care
- Services that require a license
- Services that duplicate another covered Medicaid service already being provided to the beneficiary
- Discharge planning
- Community transition services
- Support services covered under behavioral health services programs by certified peer support specialists (CPSS) or certified peer recovery coaches (CPRC)

Coverage Limitations: CHW services can be submitted for a maximum of 128 units per month, per beneficiary. This limit may be exceeded based on medical necessity determined in collaboration with the recommending licensed provider and require prior authorization. Group services are limited to eight unique beneficiaries at one time. There are no Place of Service restrictions for CHW services."

### Targeted Populations

- Diagnosis of one or more chronic health conditions, including behavioral health
- Unmet health-related social need
- Pregnancy and up to 12 months postpartum

### Sources

1. CHW Policy Primer Series (presented by MI Department of Health)
  - a. May 8, 2023:
    - i. Presentation Slides: [PDF](#)
    - ii. [Community Health Worker Policy Initiative: Policy Primer Series Video 4](#)
  - b. May 1, 2023:
    - i. Presentation Slides: [PDF](#)
    - ii. [Community Health Worker Policy Initiative: Policy Primer Series Video 3](#)
  - c. April 24, 2023:
    - i. Presentation Slides: [PDF](#)
    - ii. [Community Health Worker Policy Initiative: Policy Primer Series Video 2](#)
  - d. April 17, 2023:
    - i. Presentation Slides: [PDF](#)
    - ii. [Community Health Worker Policy Initiative: Policy Primer Series Video 1](#)
2. January 13, 2023: Community Health Worker Provider Presentation materials:
  - a. [PDF](#)
  - b. [Recording](#)
  - c. [CHW Fact Sheet](#)
  - d. [FAQ](#)
3. Proposed Policy Draft:  
<https://council.legislature.mi.gov/JCAR/File?path=/JCARFiles/2023%20Documents%20Received/Proposed%20Medicaid%20Policies/2332-CHW-L.pdf>
4. State plan amendment(submitted): [Attachment 3.1-A, Page 15a \(michigan.gov\)](#)
5. State plan amendment(alternative benefit plan): [Community Health Worker \(CHW\) \(ABP SPA 23-1005\) - Submission](#)
6. Project Fact Sheet- Community Health Worker (CHW) - Medicaid Incorporation:  
<https://www.michigan.gov/mdhhs/-/media/Project/Websites/mdhhs/Medicaid-Provider->

[Assets/Provider-Training-Assets/CHW-Project-Fact-Sheet.pdf?rev=6a542182649c4d3eabb9d3a0ee925c53&hash=FBFF5BDDA35379E25BAF0AAC29C45244](https://www.mdch.state.mi.us/dch-medicaid/assets/Provider-Training-Assets/CHW-Project-Fact-Sheet.pdf?rev=6a542182649c4d3eabb9d3a0ee925c53&hash=FBFF5BDDA35379E25BAF0AAC29C45244)

7. Medicaid Provider Manual (CHW section begins on page 22):  
<https://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf>

## Reimbursement Detail

### Payment Method Description

Community health worker services will be on a fee-for-service basis. “Community health worker services are reimbursed separately from the prospective payment system for Federally Qualified Health Centers (FQHCs) and Rural Health Clinics and separate from the all-inclusive rate reimbursement methodology for Tribal FQHCs and Tribal Health Centers. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers.”

### Rates Paid and Time Increments

The Michigan Medicaid fee schedule is effective for dates of service on or after October 1, 2023, and may be found at [www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders).

CPT Code	Payment Rate
98960 – Self-management education & training, face-to-face, 1 patient	\$17.23
98961 – Self-management education & training, face-to-face, 2–4 patients	\$8.32 per person
98962 – Self-management education & training, face-to-face, 5–8 patients	\$6.14 per person

Note that these are **proposed rates**, and the state is considering using T-codes.

### Limitations

“CHW services can be submitted for a maximum of 128 units per month per beneficiary. This limit may be exceeded based on medical necessity determined in collaboration with the recommending licensed provider and requires prior authorization. Group services are limited to eight unique beneficiaries at one time. There are no Place of Service restrictions for CHW services.”

### Sources

1. Proposed Policy Draft:  
<https://council.legislature.mi.gov/JCAR/File?path=/JCARFiles/2023%20Documents%20Received/Proposed%20Medicaid%20Policies/2332-CHW-L.pdf>
2. State plan amendment(submitted): [Attachment 3.1-A, Page 15a \(michigan.gov\)](#)
3. State plan amendment(alternative benefit plan): [Community Health Worker \(ABP SPA 23-1005\) - Submission](#)
4. January 13, 2023: Community Health Worker Provider Presentation materials:
  - a. [PDF](#)
  - b. [Recording](#)

- c. [CHW Fact Sheet](#)
- d. [FAQ](#)

## CHW Program Contact Information

### Elizabeth Pitts

Policy Specialist, Ancillary Services  
E-Mail Address: [pittse@michigan.gov](mailto:pittse@michigan.gov)  
Phone: 517-284-0842

### Lorna Elliott-Egan

MDHHS Liaison to the Michigan tribes.  
Email: [Elliott-EganL@michigan.gov](mailto:Elliott-EganL@michigan.gov)  
Phone: 517-512-4146

### Bureau of Medicaid policy, operations, & actuarial services

Email: [msapolicy@michigan.gov](mailto:msapolicy@michigan.gov)

## Minnesota

### Service Detail

#### Scope of Service

The state of Minnesota reimburses both community health worker (CHW) and community health representatives (CHR), who have completed Indian Health Service training programs.

A **community health worker** is a “trained health educator who works with Minnesota Health Care Programs (MHCP) members who may have difficulty understanding providers due to cultural or language barriers. CHWs extend the reach of providers into underserved communities, reduce health disparities, enhance provider communication, and improve health outcomes and overall quality measures. Working in conjunction with primary care providers, CHWs can bridge gaps in communication and instill lasting health knowledge.

CHW services are a diagnosis-related medical intervention, not a social service. CHWs providing diagnosis-related patient education services to enrollees of managed care organizations (MCOs) must contact the MCOs for enrollment requirements and coverage policies.

CHW services that provide patient education for health promotion and disease management are covered if provided under the supervision of a physician, dentist, advanced practice registered nurse (APRN), certified public health nurse (PHN), mental health (MH) professional, or registered nurse.”

**Community health representative:** “Community-based healthcare providers who provide health promotion and disease prevention services in their communities and have completed an Indian Health Service-funded, tribally contracted or granted, and directed program of training.”

## **Member Eligibility Criteria**

Medical Assistance (MA) and MinnesotaCare members are eligible to receive education services provided by a CHW.

MHCP members enrolled in the Minnesota Family Planning Program (MFPP) are not eligible to receive CHW services.

## **Provider Eligibility**

“MHCP will cover diagnosis-related patient education services, including diabetes prevention and pediatric obesity treatment provided by a CHW with the following criteria:

- MHCP requires general supervision by an MHCP-enrolled physician, advanced practice registered nurse (APRN), dentist, mental health professional, non-enrolled certified public health nurse, or registered nurse working for an enrolled organization
- A physician, APRN, dentist, certified public health nurse, or mental health professional must order the patient education service(s) and must order that a CHW provides the service(s)
- The service involves teaching the patient how to self-manage their health or oral health effectively in conjunction with the healthcare team
- The service is provided face-to-face with the member (individually or in a group) in an outpatient, home, clinic, or other community setting
- The content of the patient education plan or training program is consistent with established or recognized health or dental healthcare standards. Curriculum may be modified as necessary for the clinical needs, cultural norms, and health or dental literacy of the individual patients

Providers must have a valid certificate from the Minnesota State Colleges and Universities demonstrating that the applicant has completed an approved community health worker curriculum. CHW providers must enroll and be screened following the MHCP [provider screening requirements](#) at the time of enrollment and once within every five years to maintain their enrollment.”

“Currently enrolled CHWs must inform the Department of Humans Services (DHS) of their affiliation with dentists, ARPNS, certified PHNs, or mental health professionals by requesting the affiliations using the [Minnesota Provider Screening and Enrollment \(MPSE\) Portal](#) or by completing and faxing a signed [Individual Practitioner MHCP Provider Profile Change Form \(DHS-3535\) \(PDF\)](#).

MHCP requires CHWs to enroll so they are represented on a claim as the provider who provided the services. During the enrollment process, Provider Eligibility and Compliance will assign the CHW worker a Unique Minnesota Provider Identifier (UMPI) if the CHW does not have a National Provider Identifier (NPI).

Enrolled CHWs are considered non-pay-to providers but must be listed on the claim as the individual who rendered the CHW services. CHWs must provide an eligible MHCP-enrolled billing provider with their UMPI or NPI so the eligible billing provider can submit claims for their services.”



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### Eligible Providers

- Advanced practice registered nurse (APRN)
- Clinic
- Community health clinic (CHC)
- Critical access hospital
- Dentist
- Family planning agency
- Federally qualified health centers (FQHC)
- Hospital
- Indian Health Service (IHS) facility
- Mental health professionals
- Physician
- Public health nurse clinic (PHNC)
- Rural health clinics (RHC)
- Tribal health facility”

### Authorization

Medicaid state plan amendment

[Minnesota Statutes 256B.0625](#), subd. 49 (Community health worker)

[Minnesota Statutes 245.462](#), subd. 18 (Mental health professional)

[Minnesota Statutes 245.4871](#), subd. 27 (Mental health professional)

### Documentation Requirements

The CHW education service is based on units of time. Required documentation includes:

- An “order for services signed by a plan enrolled physician, APRN, dentist, mental health professional, non-enrolled registered nurse, or public health nurse working for an enrolled organization. The order must specify the number of units ordered and whether group or individual services
- Documentation of the patient education plan or training program used by the CHW
- Documentation of periodic assessment of the member’s progress and need for ongoing CHW services
- Documentation of the following:
  - Date of service
  - Start and end time for the service
  - Whether the service was group or individual and if group, the number of patients present, a summary of the session’s content, and the CHW’s signature and printed name”

### Duration of Services/Limitations

MHCP does not cover social services such as enrollment assistance, case management, or advocacy delivered by a CHW.

### Sources

1. Provider Overview: [Community Health Worker \(CHW\) \(state.mn.us\)](#)



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2. [Minnesota Statutes 256B.0625](#), subd. 49 (Community health worker)  
[Minnesota Statutes 245.462](#), subd. 18 (Mental health professional)  
[Minnesota Statutes 245.4871](#), subd. 27 (Mental health professional)
3. [Community Health Worker Enrollment Criteria and Forms \(state.mn.us\)](#)
4. [Community Health Worker \(CHW\) Toolkit - MN Dept. of Health \(state.mn.us\)](#)
5. CHW Toolkit Summary of Regulatory and Payment Processes: [chwreg2016c.pdf \(state.mn.us\)](#)
6. Summary of Medicaid State Plan Amendments for Community Health Workers: <https://www.chcf.org/wp-content/uploads/2022/08/SummaryMedicaidStatePlanAmendmentsCHWs.pdf>

## Reimbursement Detail

### Payment Method Description

Minnesota reimburses for CHW services through its Medicaid MCOs and FFS program. Minnesota’s Medicaid program has covered CHW services since 2009. As of 2021, covered services are defined as “diagnosis–related health education” as specified by the CHW’s authorized ordering provider. Providers must bill the member’s MCO for patient education services provided by a CHW.

### Rates Paid and time increments

Current as of February 1, 2023

CPT Code	Payment Rate
98960 – Self-management education & training, face-to-face, 1 patient	\$21.56
98961 – Self-management education & training, face-to-face, 2–4 patients	\$10.41 per person
98962 – Self-management education & training, face-to-face, 5–8 patients	\$7.43 per person

### Limitations

Bill in 30-minute units: limit 4 units per 24 hours; no more than 24 units per calendar month per member.

For groups with more than 8 patients, providers must use 98962 with the U9 modifier. Currently, DHS has approved group sizes up to 15 people if the following criteria are met:

1. The CHW is certified as a life coach and/or
2. The CHW is a certified provider of the Diabetes Prevention Program

Providers should consult with DHS to obtain approval for other group education programs and to obtain the appropriate billing/service code for groups larger than eight persons.

## **Sources**

1. Billing Section of CHW overview:  
[https://www.dhs.state.mn.us/main/idcplg?IdcService=GET\\_DYNAMIC\\_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16\\_140357#bill](https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_140357#bill)
2. [MHCP fee schedule / Minnesota Department of Human Services \(mn.gov\)](#)
3. CHW Toolkit Summary Of Regulatory And Payment Processes:  
<https://www.health.state.mn.us/facilities/ruralhealth/emerging/docs/chwreg2016c.pdf>
4. [Programs and Services - MHCP Benefits at-a-glance \(state.mn.us\)](#)
5. Contact regarding groups of 8+ members: <https://mn.gov/dhs/partners-and-providers/contact-us/minnesota-health-care-programs/providers/>

## **CHW Program Contact Information**

### **Office of Rural Health and Primary Care**

Phone: (651) 201-3838

Email: [health.orhpc@state.mn.us](mailto:health.orhpc@state.mn.us)

Please note, the Office of Rural Health is responsible for the workforce development of CHWs. Additionally, the Office of Rural Health and Primary Care Emerging Professions Program has been responsible for creating all CHW-related publications, including the CHW Toolkit: Summary of Payment and Regulatory Processes, the CHW overview page, and helping develop administrative statutes.

## **Mississippi**

The state does not provide Medicaid reimbursement for CHW services.

## **Missouri**

The state does not provide Medicaid reimbursement for CHW services.

## **Montana**

The state does not provide Medicaid reimbursement for CHW services.

## **Nebraska**

The state does not provide Medicaid reimbursement for CHW services.

## **Nevada**

## **Service Detail**

## **Scope of Service**

The Medicaid Services Manual, section 605.2 “coverage and limitations” states that “community health workers (Provider Type 89) are trained public health educators improving healthcare delivery, requiring integrated and coordinated services across the continuum of health. CHWs provide recipients with culturally and linguistically appropriate health education to better understand their condition(s), responsibilities, and healthcare options. CHW services must be related to disease prevention and chronic disease management that follow current national guidelines, recommendations, and standards of care, including but not limited to the United States Preventive Services Task Force (USPSTF) A and B recommended screenings. CHWs may provide services to recipients (individually or in a group) within the home, clinical setting, or other community settings.

Covered services include:

- Guidance in attaining healthcare services.
- Identify recipient needs and provide education from preventive health services to chronic disease self-management.
- Information on health and community resources, including making referrals to appropriate healthcare services.
- Connect recipients to preventive health services or community services to improve health outcomes.
- Provide education, including but not limited to medication adherence, tobacco cessation, and nutrition.
- Promote health literacy, including oral health.”

## **Provider Eligibility**

The Medicaid Services Manual, section 605.1 “community health worker provider qualifications” states that “certification as a CHW must be obtained through the Nevada Certification Board, and that a CHW “must be supervised by a Nevada Medicaid enrolled physician, physician assistant (PA), or advanced practice registered nurse (APRN).” Supervision is documented via a Collaborative Supervision Agreement, which is signed by the provider and the CHW.

“Prior to performing any of the services authorized for Community Health Workers (CHWs) under Medicaid Services Manual (MSM) Chapter 600 – Physician Services, a CHW must enter into a written Collaborative Supervision Agreement with a Nevada Medicaid enrolled physician, APRN, or PA. A collaborating physician, APRN, or PA is limited to entering into a collaborative agreement with no more than 20 CHWs at any given time. The supervising physician, APRN, or PA of a CHW must be located in the State of Nevada and/or within the neighboring states’ catchment areas.”

## **Authorization**

State plan amendment (NV-21-0013) approved provider type 89 effective 9/2022.

## **Duration of Services/Limitations**

The Medicaid Services Manual, section 605.2 B. “non-covered services” states that the following services are not reimbursable:

- Delegate the CHW to perform or render services that require licensure.
- Transport a recipient to an appointment.
- Make appointments not already included within the CHW visit/service (i.e., receptionist duties or front desk support).
- Deliver appointment reminders.
- Employment support, including but not limited to resume-building and interview skills.
- Coordinate and participate in community outreach events not related to individual or group Medicaid recipients.
- Case management.
- Accompanying a recipient to an appointment.
- Provide childcare while the recipient has an appointment.
- Application assistance for social service programs.
- Mental health/alcohol and substance abuse services, including peer support services.

The Medicaid Services Manual, section 605.2 C. “service limitations” states that that the following services are not reimbursable:

- “CHW services are not reimbursable when services are provided under the supervision of a physician, PA, or APRN billing under Behavioral Health Outpatient Treatment PT 14, Behavioral Health Rehabilitative Treatment PT 82, or Special Clinics PT 17, Specialty 215 Substance Abuse Agency Model.
- Services provided by a CHW are limited to four units (30 minutes per unit) in a 24-hour period, not to exceed 24 units per calendar month per recipient.
- When providing services in a group setting, the number of participants must be at a minimum of two and a maximum of eight.”

## **Sources**

1. State plan amendment (NV-21-0013) <https://www.medicaid.gov/sites/default/files/2022-09/NV-21-0013.pdf>
2. Medicaid Services Manual [MSM Chapter 600 2/1/23 \(nv.gov\)](#)
3. Collaborative Supervision Agreement: [NV EnrollmentChecklist PT89.pdf](#)
4. Provider Type 89 Billing Guide [NV BillingGuidelines PT89.pdf](#)

## **Reimbursement Detail**

### **Payment Method Description**

Nevada Medicaid reimburses for covered medical services that are “reasonable and medically necessary, ordered or performed by a physician or under the supervision of a physician, APRN, or other licensed healthcare provider listed in Section 601 – Authority, and that are within the scope of practice of their license as defined by state law. Providers shall follow current national guidelines, recommendations, and standards of care. The provider must:

- Examine the recipient;

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- Make a diagnosis;
- Establish a plan of care; and
- Document these tasks in the appropriate medical records for the recipient before submitting claims for services rendered. Documentation is subject to review by a state authority or contracted entity.”

### Rates Paid and Time Increments

CPT Code	Payment Rate
98960 – Self-management education & training, face-to-face, 1 patient	\$18.34
98961 – Self-management education & training, face-to-face, 2–4 patients	\$8.82 per person
98962 – Self-management education & training, face-to-face, 5–8 patients	\$6.44 per person

Q3014 Telehealth originating site fee \$24.24

### Limitations

Individual recipients may receive CHW services for no more than 2 hours (4 units) per day and no more than 12 hours (24 units) per calendar month.

### Sources

1. Fee schedule: <https://dhcfp.nv.gov/Resources/Rates/FeeSchedules/>
2. Provider Type 89 Billing Guide  
[https://www.medicaid.nv.gov/Downloads/provider/NV\\_Provider\\_Enrollment\\_Information\\_Booklet.pdf](https://www.medicaid.nv.gov/Downloads/provider/NV_Provider_Enrollment_Information_Booklet.pdf)
3. Provider Enrollment Checklist for Provider Type 89  
[https://www.medicaid.nv.gov/Downloads/provider/NV\\_EnrollmentChecklist\\_PT89.pdf](https://www.medicaid.nv.gov/Downloads/provider/NV_EnrollmentChecklist_PT89.pdf)

## New Hampshire

The state does not provide Medicaid reimbursement for CHW services.

## New Jersey

In January 2022, New Jersey submitted an 1115 waiver extension request to develop pilot CHW programs through the state’s MCO program.

The pilot programs would be required to use CHWs to either offer care coordination services or to directly provide preventive or related services. MCOs would be required to submit detailed specifications on how the intervention would be delivered, including all necessary community or provider partnerships.

Once a pilot program has been proposed by an MCO and approved by the Division of Medical Assistance & Health Services (DMAHS), services provided to Medicaid beneficiaries under the pilot would be eligible for Medicaid reimbursement. DMAHS would reimburse MCOs for such services through a separate direct payment outside of the normal capitation payments. In order

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to limit the cost of such pilots, total Medicaid expenditures on this initiative would be limited to \$5 million each year, for a total of \$25 million over the course of five years.

### Sources

1. <https://www.medicaid.gov/sites/default/files/2022-03/nj-1115-ext-req-pa.pdf>
2. <https://www.kff.org/medicaid/issue-brief/state-policies-for-expanding-medicaid-coverage-of-community-health-worker-chw-services/>

## New Mexico

### Service Detail

#### Scope of Service

The New Mexico Department of Health Office of Community Health Workers has defined the scope of practice into the following categories:

- Community & Cultural Liaison
- System Navigation, Care Coordination, & Case Management
- Home Based Support
- Health Promotion & Health Coaching
- Community Assessment & Mobilization
- Clinical Support

See document for details: [CHW Scope of Work: Roles and Related Tasks \(www.nmhealth.org\)](http://www.nmhealth.org)

State regulation 7.29.5.7 section F. defines a "community health worker as a public health worker who applies an understanding of the experience, language, and culture of the populations that the individual serves and who provides direct services aimed at optimizing individual and family health outcomes, including (1) informal and motivational counseling and education; (2) interventions to maximize social supports; (3) care coordination; (4) facilitation of access to healthcare and social services; and (5) health screenings."

#### Authorization

No information on current CMS authorization of CHW services was available. New Mexico released a proposed SPA 23-0011 for public comment in June 2023. The SPA development is still in process.

#### Targeted Populations

NM's CHW LEADS program targets difficult-to-reach, marginalized populations in Bernalillo County and elsewhere in New Mexico.

Patients are admitted to the program in two ways: by screening patients enrolled in primary care clinics participating in the program and referring them to a CHW or through MCOs, which refer hard-to-reach, high-risk members to CHWs at attributed clinics.

In participating federally qualified health center \ clinics, all patients are screened for social needs using a standardized instrument. Those who screen positive for a social need are then

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asked if they wish to see a CHW at the clinic to discuss the need. If the patient needs and wants help to deal with adverse social determinants, the medical assistant refers the patient to a CHW co-located at the clinic.

### Sources

1. New Mexico Office of Community Health Workers Main Page: [Community Health Workers\(nmhealth.org\)](https://www.nmhealth.org/workers)
2. New Mexico Office of Community Health Workers Administrative Statutes: [7.29.5 NMAC](#)
3. University of New Mexico Community Health Worker Model: CHW LEADS: <https://www.commonwealthfund.org/publications/international-innovation/2020/oct/university-new-mexico-community-health-worker-model#:~:text=CHWs%20are%20paid%20in%20different,members%20referred%20to%20the%20clinic>
4. UNM Office for Community Health CHW LEADS presentation: (funding focused) <https://www.nmlegis.gov/handouts/LHHS%20070918%20Item%2011%20Community%20Health%20Workers%20Leads%20Presentation.pdf>
5. Proposed SPA 23-0011 <https://www.hsd.state.nm.us/comment-period-closed-2023/>

## Reimbursement Detail

### Payment Method Description

New Mexico currently reimburses for CHW services through its MCOs. New Mexico leverages contracts with Medicaid managed care organizations to require partnerships with CHWs in serving Medicaid enrollees. CHW salaries, training, and service costs are covered through MCO administrative costs and embedded in capitated rates paid to Medicaid managed care organizations.

### Medicaid Reimbursement Developments (October 2023)

New Mexico is currently in the process of updating regulations regarding CHW Medicaid reimbursement and the relevant statutes. Details from the most recent New Mexico Community Health Workers (CHW) Certification Board meeting (10/6/2023) included presentations regarding CHW Medicaid reimbursement models for sustainability, proposed rule changes, and key priorities.

Additionally, in July 2023, the NM Department of Health and the Office of CHWs conducted a survey of organizations that employ CHWs. The survey sought to gather more data to inform upcoming changes, including:

At the organizational level:

- Placement of organizations working with CHWs
- Types of organizations working with CHWs across the state
- Health areas (issues addressed) by CHWs
- Reimbursement of CHW/Tribal CHR/Promotor(a) across New Mexico
- Current practices and barriers related to the integration of CHWs into health and social systems of care and their use in the community for targeted outreach



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- Technical assistance and training needs (including supervision) of health care systems and community organizations related to CHWs
- Policies or protocols that incorporate CHWs into health and social systems teams
- Identified opportunities to incorporate CHWs into chronic disease prevention and management and addressing social determinants of health
- COVID-19 impact on CHWs

At the individual level (CHWs):

- Placement of CHWs and the geographical area where they conduct their outreach
- Description of areas (issues addressed) by CHWs
- Mean salary and benefits of CHWs
- Training and technical assistance needs of CHWs
- COVID impact on CHWs

Survey Links

- [Individuals \(CHWs\)](#)
- [CHW Affiliate Organizations/Providers](#)

## Rates Paid and Time Increments

Medicaid MCOs pay a capitated fee of \$2.19–\$5.75 per member per month for members who are empaneled with a participating provider in the CHW LEADS program. In addition, MCOs pay \$321 per member per month for select high-risk members referred to the clinic.

## Sources

1. CHW LEADS MCO PPT Presentation:  
<https://www.nmlegis.gov/handouts/LHHS%20070918%20Item%2011%20Community%20Health%20Workers%20Leads%20Presentation.pdf>
2. New Mexico Community Health Workers Certification Board Main Page: [Certification Board \(nmhealth.org\)](#)
3. New Mexico Community Health Workers (CHW) Certification Board Meeting Agenda 10/6/2023: [nmhealth.org/publication/view/meeting/8495/](https://nmhealth.org/publication/view/meeting/8495/)

## CHW Program Contact Information

### Devona Quam

Director, Office of Community Health Workers.  
Phone 505-469-7150  
email: [Devona.Duran1@doh.nm.gov](mailto:Devona.Duran1@doh.nm.gov)

### Venice Ceballos, CCHW

Program Operations Director  
UNM Office for Community Health, Community Health Worker Initiatives  
[vceballos@salud.unm.edu](mailto:vceballos@salud.unm.edu)

## New York



## Service Detail

Effective 10/1/2023, New York State provides Medicaid reimbursement for CHW services only to pregnant and postpartum women and is currently planning to expand access to CHW services beginning in 2024.

### Scope of Service

Reducing maternal and infant morbidity and mortality and establishing equitable access to quality health care are New York State (NYS) priorities.

“Community health workers (CHWs) foster trusting relationships with the populations they serve, function as a link between healthcare providers and patients, reduce barriers to care, and provide health advocacy, health education, and health navigation services. These services aim to improve health knowledge and self-sufficiency and to support a reduction in maternal mortality, injury, illness, or the progression thereof. Community health worker services include health advocacy, health education, and health navigation. Health advocacy includes addressing the individuals’ needs, needed healthcare services, connection with community-based resources and programming, and support to ensure access to care that is high-quality, respectful, and equitable.

Health education includes evidence-based and culturally informed education to optimize the individual’s health, address barriers to accessing healthcare and/or community resources, and facilitate knowledge, skills, and abilities necessary to support informed decision-making.

Health navigation includes referrals to community-based and healthcare organizations, screening completion, identification of social care needs, resource coordination, help with enrollment/maintaining enrollment in assistance programs, and assisting the individual in navigating the health system.

The community health worker will serve as a liaison between healthcare systems, social service providers, and community-based organizations to coordinate access to resources.

Individual or group based CHW services are defined as direct interaction with the eligible NYS Medicaid member or group of members. The service must be recommended by a physician or other healthcare practitioner.”

### Member Eligibility Criteria

Under the current SPA, CHW services are available only to pregnant and postpartum women. Services must be recommended by a physician or other licensed practitioner of the healing arts acting within their scope of practice.

### Provider Eligibility

A community health worker reflects the community served through lived experience that may include but is not limited to pregnancy and birth; housing status; mental health conditions or substance use; other chronic conditions; shared race, ethnicity, language, sexual orientation, or

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community of residence. Community health worker services are provided by individuals having completed the required training and/or work experience as a community health worker.

Requirements include a minimum of 20 hours of training that includes “the Centers for Disease Control-endorsed community health worker core competencies and/or a minimum of 1,400 hours of work experience as a community health worker in formal paid or volunteer role(s) in the previous three years.

All community health workers are required to complete basic HIPAA and mandated reporter training. Community health workers practice under the supervision of a Medicaid-enrolled, licensed provider. Community health worker services must be recommended by a physician or other licensed practitioner of the healing arts acting within their scope of practice under state law.”

Of note, the official CHW online training materials include an Oral Health Manual and Toolkit to assist CHWs in discussing the importance of perinatal oral health as it relates to adverse health outcomes, and education about child oral health needs.

### **Authorization**

State plan amendment (SPA) #: 23-0002 (effective 4/1/2023) authorized reimbursement for CHW services for pregnant and postpartum women.

[https://www.health.ny.gov/regulations/state\\_plans/status/non-inst/approved/docs/app\\_2023-06-28\\_spa\\_23-02.pdf](https://www.health.ny.gov/regulations/state_plans/status/non-inst/approved/docs/app_2023-06-28_spa_23-02.pdf)

Medicaid reimbursement began on 10/1/2023.

### **Documentation Requirements**

In addition to the “Record Keeping Requirements” found in the “Information to All Providers General Policy,” guidelines are available on the eMedNY website under information for providers. CHW services must be documented in the Medicaid member’s record and accessible to the supervising provider. Documentation of CHW services provided should include, but may not be limited to:

- Recommendation for CHW services
- Date, time, and duration of the CHW service provided to Medicaid member(s)
- Information on the nature of the CHW service provided, including support for the length of time spent with the Medicaid member on the date of the CHW service
- CHW services must be documented in the Medicaid member’s health record and may be documented directly by the CHW

### **Duration of Services/Limitations**

CHW Provider Policy Manual Section 5.4 “Covered CHW Services do not include:

- Clinical case management/care management services that require a license, including Comprehensive Medicaid Case Management services.

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- The provision of companion services/socialization, respite care, transportation, direct patient care, personal care services/homemaker services (e.g., chore services including shopping, cleaning, and cooking, assistance with activities of daily living, errands), or delivery of medication, medical equipment, or medical supplies
- Services that duplicate another covered Medicaid service or that are otherwise billed to Medicaid/Medicaid Managed Care
- Services outside the level of training the CHW has attained
- Advocacy for issues not directly related to the Medicaid member's health or social care needs
- Language interpretation services (see below)
- Time and activities that do not include direct engagement with the Medicaid member”

### Targeted Populations

NYS Medicaid covers CHW services for NYS Medicaid fee-for-service and Medicaid managed care members during pregnancy and up to 12 months after the pregnancy ends, regardless of the pregnancy outcome.

### Sources

1. State plan amendment 23-002  
[https://www.health.ny.gov/regulations/state\\_plans/status/non-inst/approved/docs/app\\_2023-06-28\\_spa\\_23-02.pdf](https://www.health.ny.gov/regulations/state_plans/status/non-inst/approved/docs/app_2023-06-28_spa_23-02.pdf)
2. [What's in NY's New Medicaid Community Health Worker Benefit - Sachs Policy Group](#)
3. Medicaid Provider Manual for CHW services: [CHW Policy Manual.pdf \(emedny.org\)](#)
4. New York State Medicaid Update - September 2023 Volume 39 - Number 14  
[https://www.health.ny.gov/health\\_care/medicaid/program/update/2023/no14\\_2023-09.htm#CHW](https://www.health.ny.gov/health_care/medicaid/program/update/2023/no14_2023-09.htm#CHW)
5. [Online Training for Community Health Workers \(ny.gov\)](#).
6. Maternal and Infant Community Health Collaborative Oral Health Manual and Toolkit:  
[https://www.health.ny.gov/community/adults/women/chw\\_training/docs/oral\\_health\\_manual\\_and\\_toolkit.pdf](https://www.health.ny.gov/community/adults/women/chw_training/docs/oral_health_manual_and_toolkit.pdf)

### Reimbursement Detail

#### Payment Method Description

Reimbursement is provided on an FFS basis. The Medicaid Policy Manual dictates that freestanding clinics and hospital outpatient departments can bill for CHW services using the codes below on the ambulatory patient group (APG) claim.

At this time, federally qualified health centers (FQHCs) may bill for CHW services ONLY if the FQHC has elected to be reimbursed under the ambulatory patient group claim.

## Rates Paid and Time Increments

CPT Code + *Modifier	Payment Rate
98960 – Self-management education & training, face-to-face, 1 patient Modifier: U1, U3	\$35.00
98961 – Self-management education & training, face-to-face, 2–4 patients Modifier: U1, U3	\$16.45 per person
98962 – Self-management education & training, face-to-face, 5–8 patients Modifier: U1, U3	\$12.25 per person

\*When billing for CHW services, both modifiers U1 and U3 must appear consecutively, in this order, on the claim line when seeking reimbursement for CPT codes 98960, 98961, or 98962

### Limitations

Twelve units total (30 minutes = one unit\*) \*One unit must be a minimum of 16 minutes with a maximum of 37 minutes.

### Sources

1. Medicaid Provider Manual for CHW services: [CHW Policy Manual.pdf \(emedny.org\)](#)
2. New York State Medicaid Update - September 2023 Volume 39 - Number 14  
[https://www.health.ny.gov/health\\_care/medicaid/program/update/2023/no14\\_2023-09.htm#CHW](https://www.health.ny.gov/health_care/medicaid/program/update/2023/no14_2023-09.htm#CHW)

## Program Implementation

The FY 23-24 budget seeks to establish Medicaid reimbursement for community health workers for more populations (including high-risk populations, maternity, children under 21, etc.).

- This expands coverage established in the SFY 22-23 budget for the prenatal and postpartum population to children and adults with health-related social care needs
- Coverage will also be expanded to non-clinical services related to violence intervention programs

### Funding Model for Startup

CHW service reimbursement for pregnant and postpartum people is new as of 10/1/2023 and still developing for other populations. The New York State 2023-2024 budget states that, beginning on 1/1/2024, CHW services will be expanded to almost all Medicaid beneficiaries, including children under 21 and adults with health-related social needs.

## Allocated Startup Cost

FY 2024 Executive Budget Medicaid Scorecard

(State Share \$ in millions)	FY 2024	FY 2025
Establish Medicaid reimbursement for community health workers for more populations (including high-risk populations, maternity, children under 21, etc.)	\$8.7	\$34.7

## Sources

1. [2023-24 Enacted Medicaid Budget Briefing Webinar – 6.15.23 - YouTube](#)
2. [2023-2024 Executive Budget Medicaid Scorecard \(ny.gov\)](#)
3. [2023-24 Executive Budget Briefing Webinar \(ny.gov\)](#)
4. [Health Care | Briefing Book | NYS FY 2024 Executive Budget](#)

## CHW Program Contact Information

### Emily Engel

Bureau Director, Division of Program Development and Management

E-mail: [Emily.Engel@health.ny.gov](mailto:Emily.Engel@health.ny.gov)

*(Director on Medicaid Redesign Team, presented on CHW benefit in Medicaid Budget Briefing Webinar)*

### Amir Bassiri

Medicaid Director, New York Department of Health

Email: [Amir.Bassiri@health.ny.gov](mailto:Amir.Bassiri@health.ny.gov)

Phone: 518-474-3018

## North Carolina

The state does currently not provide Medicaid reimbursement for CHW services, but is in the process of authorizing Medicaid reimbursement. Notably, the state created the first statewide referral platform for CHWs called NCCARES 360 using COVID-era grants.

NC Medicaid is currently implementing its post-public health emergency (PHE) CHW program. The Office of Rural Health managed the PHE-era program. The current implementation is a joint effort of the Division of Health Benefits (NC Medicaid), the Office of Rural Health, and the Office of Health Equity.

Additionally, the NC Department of Health and Human Services (NCDHHS) has invested a considerable amount of effort into developing the CHW workforce, most recently publishing a Medicaid CHW strategy document outlining future plans to incorporate CHWs into its managed care programming. This document is a continuation of stakeholder engagement sessions and a series of task forces dedicated to exploring CHWs' financial sustainability.

## **PHE Era CHW Initiative**

Leveraging federal grants from the Centers for Disease Control and Prevention (CDC) in 2020 under the COVID-19 public health emergency, the Office of Rural Health (ORH) established a statewide system that supported the direct deployment of CHWs supporting vaccine education, testing, and vaccination sites and connections to social services via NCCARE360 and their knowledge of existing resources within the CHWs' community networks across North Carolina through seven selected vendors. The direct pandemic-related deployment of hundreds of CHWs concluded in December 2022.

See link for details: 2020- 2022 Grant Overview <https://www.ncdhhs.gov/10411pdf/open>

### **NCCARE360: CHW Technology Platform for Referrals**

"NCCARE360 is the first statewide coordinated care network that helps providers electronically connect individuals with identified non-medical needs to community resources and allows for feedback and follow-up. Now that NCDHHS has expanded the COVID-19 community health worker program, bringing it statewide, CHWs are using NCCARE360 to make electronic referrals, communicate in real-time, securely share client information, and track outcomes for our state's most vulnerable populations. Over 100,000 referrals have been made so far.

NCDHHS has published North Carolina Medicaid's CHW Strategy Guidance Paper to seek feedback on the vision and approach of this strategy developed to further drive the integration of CHWs into NC Medicaid's managed care system."

## **Program Implementation for post- PHE Program**

### **Scope of Service**

"CHWs will be responsible for connecting North Carolinians to medical and social support resources, including vaccination information, registration and scheduling, testing, primary care, case management, nutrition assistance, behavioral health services, and financial assistance.

More broadly, CHWs perform activities that include, but are not limited to:

- Promoting wellness and prevention
- Driving attention to upstream populations and services outside of care coordination
- Serving as a trusted partner and engaging and educating members who struggle to navigate the complex healthcare system
- Advocating for the member and supporting the member in receiving culturally and linguistically appropriate care
- Leveraging lived experience and understanding of the community to build trust and successfully engage members in screenings
- Employing knowledge of community-based services and application processes to expedite member applications and promote timely movement off relevant waitlists."

### **Provider Eligibility**

NCDHHS does not currently require CHWs to be certified by any entity to serve Medicaid members. Some CHWs choose to become certified with the North Carolina Community Health

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Worker Association (NCCHWA), which requires a passing score of at least 80 percent on the NCCHWA standardized core competency training, a membership fee, and a brief application. Once received, NCCHWA certification is intended to be in good standing for three years. NCCHWA is considering additional certification options based on work experience to acknowledge those with a legacy of individuals with extensive experience as a CHW.

NCDHHS is supportive of the certification process as a way to ensure knowledge validation, professionalism, and career preparation, and will consider potential certification provisions and options as it develops Medicaid guidance.

### Targeted Populations

- Medicaid members not engaged in the health care system or members underutilizing Medicaid services, particularly from communities that have been historically marginalized due to systemic discrimination
- Maternal and pediatric populations

### Looking Forward: Incorporating CHW services into Managed Care

NCDHHS plans to provide additional guidance for the specific deployment of CHWs after receiving comments on the February 2023 strategy document and, as applicable, amend future health plan contracts to include additional CHW-related requirements.

The department encourages health plans, providers, CBOs, and other entities exploring or already using CHWs to pursue components of this proposed strategy now in advancement of community-centered, equitable care for Medicaid members.

### Sources

1. North Carolina Medicaid's Community Health Worker Strategy (February 2023) <https://medicaid.ncdhhs.gov/community-health-worker-strategy-public-comment/download?attachment>
2. [Integrating Community Health Workers into NC Medicaid | NC Medicaid \(ncdhhs.gov\)](https://www.ncdhhs.gov)
3. 2020- 2022 Grant Overview <https://www.ncdhhs.gov/10411pdf/open>
4. Community Health Workers (CHWs) are Utilizing NCCARE360 <https://nccare360.org/community-health-workers-chws-are-utilizing-nccare360/>
5. North Carolina Community Health Worker Association website <https://ncchwa.org/>
6. Community Health Workers In North Carolina: Creating An Infrastructure For Sustainability(2018) <https://www.ncdhhs.gov/dhhs-cwh-report-web-5-21-18/download>
7. Integrating Community Health Workers into NC Medicaid; <https://medicaid.ncdhhs.gov/documents/integrating-community-health-workers-nc-medicaid-0/download?attachment>

### CHW Program Contact Information

#### John Resendes

Analytics and Innovations Program Manager, Office of Rural Health

[John.Resendes@dhhs.nc.gov](mailto:John.Resendes@dhhs.nc.gov)

Phone: (919) 527-6460



**Khristian Curry**

Statewide Community Health Worker Coordinator

[Khristian.Curry@dhhs.nc.gov](mailto:Khristian.Curry@dhhs.nc.gov)

## **North Dakota**

The state does not provide Medicaid reimbursement for CHW services.

## **Ohio**

### **Service Detail**

#### **Scope of Service**

CHWs “advocate for individuals and groups in the community by assisting them in accessing community health and supportive resources through the provision of such services as education, role modeling, outreach, home visits, and referrals, any of which may be targeted toward an individual, family, or entire community.”

#### **Member Eligibility Criteria**

Eligible MCO members may be referred by their MCO or community partners to CHW services, which are administered through a program called The Pathways Community HUB. The CHWs complete a comprehensive needs and risk assessment.

#### **Provider Eligibility**

A certified community health worker is an individual who holds a current, valid certificate as a community health worker issued under section [4723.85](#) of the Revised Code.

Ohio law section 4723.81 of the revised code requires the Ohio Board of Nursing to issue and renew CHW certificates biennially. In order to be certified, individuals must be at least 18 years old, have a high school diploma, complete the CHW training program, and pass a criminal background check. CHWs must be supervised by a health professional and are restricted from performing services requiring a professional license.

#### **Authorization**

No information on CMS authorization of CHW services was identified.

#### **Sources**

1. Section 4723.81 | Certification of community health worker program. <https://codes.ohio.gov/ohio-revised-code/section-4723.81>
2. Section 4723.85 | Review and renewal of application. [Section 4723.85 - Ohio Revised Code | Ohio Laws](#)
3. Section 4723.87 | Community Health Worker training programs. [Section 4723.87 - Ohio Revised Code | Ohio Laws](#)
4. Section 4723.88 | Community Health Worker standards and procedures. [Section 4723.88 - Ohio Revised Code | Ohio Laws](#)
5. Section 5167.173 | Community Health Worker services or services provided by public health nurses. [Section 5167.173 - Ohio Revised Code | Ohio Laws](#)



## Reimbursement Detail

### Payment Method Description

CHW Services are administered by the regional Ohio Community Pathways HUB programs (the HUB), which is a care coordination program that provides connections to care and services for Ohio's most at-risk populations who live in counties served by a HUB. The HUB contracts with Medicaid MCOs, which are required by Ohio law to provide CHW services to certain beneficiaries. There are currently ten care coordination agencies (CCAs) that employ ~40 community health workers participating in the HUB.

Ohio requires MCOs to provide CHW services to Medicaid enrollees who are pregnant or capable of becoming pregnant, reside in a community served by a qualified community HUB, and were recommended to receive community health worker or public health nurse services by a qualified health provider.

About half of HUB funding comes from MCO contracts reimbursing for services. MCOs are CareSource, Buckeye Health Plan, United Healthcare, and Molina HealthCare.

### Sources

1. Central Ohio Pathways HUB Care Main Page:  
<https://www.healthimpactohio.org/central-ohio-pathways-hub>
2. The 2018 Ohio Community Health Worker Statewide Assessment  
[CHW Assessment Key Findings.pdf \(osu.edu\)](#)

## Oklahoma

The state does not provide Medicaid reimbursement for CHW services.

## Oregon

### Service Detail

#### Scope of Service

Traditional health workers (THW) is the Oregon umbrella term for five categories and sub-categories of workers: community health workers (CHWs), peer support specialists (PSS), peer wellness specialists (PWS), personal health navigators (PHN) (also known as patient health navigators), and doulas.

See Scope of Practice document for more details:

[https://www.orchwa.org/resources/Documents/CHW\\_scope-of-practice.pdf](https://www.orchwa.org/resources/Documents/CHW_scope-of-practice.pdf)

Certified CHWs provide services including:

- Outreach and mobilization
- Community cultural liaison
- Case management, care coordination, and system navigation
- Health promotion and coaching

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The Oregon Revised Statutes (ORS) Chapter 414.025 “Definitions” defines a community health worker as “an individual who meets qualification criteria adopted by the authority under ORS 414.665 (Traditional health workers utilized by coordinated care organizations) and who:

- Has expertise or experience in public health
- Works in an urban or rural community, either for pay or as a volunteer in association with a local healthcare system
- To the extent practicable, shares ethnicity, language, socioeconomic status, and life experiences with the residents of the community the worker serves
- Assists members of the community to improve their health and increases the capacity of the community to meet the healthcare needs of its residents and achieve wellness
- Provides health education and information that is culturally appropriate to the individuals being served
- Assists community residents in receiving the care they need
- May give peer counseling and guidance on health behaviors
- May provide direct services such as first aid or blood pressure screening”

### Provider Eligibility

CHWs must be certified to receive Medicaid reimbursement. Additionally, certified CHWs must enroll with the Traditional Health Worker Registry, obtain a unique National Provider Identifier (NPI), and enroll as an Oregon Medicaid provider.

CHWs “must be supervised by existing licensed practitioners and perform services for them within the licensed practitioner’s scope of practice. Licensed health providers are responsible for the work that they order, delegate, or supervise when healthcare professionals work under their supervision. The state assures that only the Licensed Health Care Professional will bill for services. For purposes of this State Plan, a Licensed Health Care Professional (LHCP) includes Physicians, Certified Nurse Practitioners, Physician Assistants, Dentists, Dental hygienists with an Expanded Practice Permit, Ph.D. Psychologists, PsyD Psychologists, LCSW Social Workers and Licensed Professional Counselors. ... a) Community health worker services are provided under the supervision of LHCP; ... The state assures that only the Licensed Health Care Professional will bill for services.”

### Authorization

Medicaid reimbursement is authorized through both the 1115 demonstration waiver and state plan amendment 23-0034.

### Sources

1. [Oregon Administrative Rule \(OAR\) 950-060-0000](#) is the set of administrative rules that establishes the criteria, description, and training requirements for Traditional Health Workers.
2. Oregon Health Authority Administrative Rules [Oregon Health Authority: THW Legislation and Rules: Equity and Inclusion Division: State of Oregon](#)
3. [Traditional-Health-Worker-Toolkit-2019-Final.pdf \(oregon.gov\)](#)
4. [Oregon Health Authority : About Traditional Health Workers : Equity and Inclusion Division : State of Oregon](#)

5. [https://oregon.public.law/statutes/ors\\_414.025](https://oregon.public.law/statutes/ors_414.025)
6. <https://www.oregon.gov/oha/EI/Pages/THW-CHW.aspx>
7. Oregon SPA 23-0034 <https://www.oregon.gov/oha/HSD/Medicaid-Policy/StatePlans/23-0034.pdf>

## Reimbursement Detail

### Payment Method Description

Oregon reimburses CHWs through the state plan, reimbursing through both FFS and MCOs.

Community health workers are enrolled as “non-payable rendering providers.” CHWs must work and bill “under the supervision of a licensed provider.” When a CHW renders the service, Medicaid pays for the service to the billing provider, which must be a clinic or supervising medical provider.

In authorizing Oregon’s coordinated care organizations (CCOs), the state’s section 1115 demonstration includes goals and reporting requirements related to traditional health workers, including CHWs. Oregon’s CCOs replaced MCOs in 2012. They are similar to MCOs in that they are responsible for delivering services to beneficiaries. CCOs have one global budget for behavioral health, physical health, and oral health services. They have budget flexibility to provide services outside traditional medical services. They are authorized under a section 1115 demonstration.

### Rates Paid and Time Increments

In addition to codes 98960-98962, the state uses a variety of H codes

CPT Code	Payment Rate
98960 – Self-management education & training, face-to-face, 1 patient	\$21.44
98961 – Self-management education & training, face-to-face, 2–4 patients	\$10.35 per person
98962 – Self-management education & training, face-to-face, 5–8 patients	\$7.61 per person

See the billing guide for additional codes used. [Oregon Medicaid reimbursement for community health workers](#)

### Incentive payments (P4P)

In some cases, MCOs or similar entities may receive incentive payments that can be invested in activities such as CHW activities. For example, at least one of Oregon’s coordinated care organizations that received quality and performance incentive payments used those funds to support training and certifications of CHWs.

### Sources

1. FFS schedule: <https://www.oregon.gov/oha/HSD/OHP/Pages/Fee-Schedule.aspx>
2. Billing guide: [https://www.oregon.gov/oha/HSD/OHP/Tools/CHW\\_Billing%20Guide.pdf](https://www.oregon.gov/oha/HSD/OHP/Tools/CHW_Billing%20Guide.pdf)

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3. Medicaid Coverage of Community Health Worker Services <https://nachw.org/wp-content/uploads/2023/02/MACPAC-brief-Medicaid-coverage-of-CHW-services-Apr-2022.pdf>
4. State Community Health Worker Models <https://nashp.org/state-community-health-worker-models>
5. <https://www.oregon.gov/dhs/SENIORS-DISABILITIES/HCC/PSW-HCW/Pages/Community-Health-Worker.aspx>

## Pennsylvania

The state does not provide Medicaid reimbursement for CHW services. However, Pennsylvania does require MCOs and physical health managed care organizations (PH-MCOs) to implement community-based care management (CBCM) programs, which may include CHWs.

Reimbursement and contracting approaches vary by PH-MCO and CBCM program, including by contracting with providers and community-based organizations or directly hiring CHWs as part of the CBCM program.

Source: <https://nashp.org/state-community-health-worker-models/>

## Rhode Island

### Service Detail

#### Scope of Service

Community health worker services are preventive health services to prevent disease, disability, and other health conditions or their progression; to prolong life; and/or to promote physical and mental health and efficiency.

As a preventive health service, CHW services must be “recommended for a patient by a licensed practitioner of the healing arts. Licensed practitioners of the healing arts include any licensed care professional. This definition is not limited to physicians.

Reimbursable services include:

1. Health and Promotion Coaching, including assessment and screening for health-related social needs, setting goals, creating an action plan, and providing information and/or coaching.
2. Health Education and Training for groups of beneficiaries on methods and measures that have been proven effective in preventing disease, disability, and other health conditions or their progression; prolonging life; and/or promoting physical and mental health and efficiency. Covered when the CHW provides the education/training using established training materials.
3. Health System Navigation and Resource Coordination Services that prevent disease, disability, and other health conditions or their progression; prolong life; and/or promote physical and mental health and efficiency.
4. Care Planning with a beneficiary’s interdisciplinary care team.
5. “Intake” Activities/Calls: EOHHS understands that CHW Providers may spend time conducting initial conversations with potential/new patients.

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6. Collateral Services: Examples of services that can be delivered without the patient's (physical or virtual) presence include:
  - Time spent researching the most appropriate medical or social services provider to meet a particular patient's needs.
  - Time spent arranging appointments for a patient to receive services and/or arranging the patient's travel to an appointment.
  - Time spent discussing the patient's needs and situation with other members of the patient's care team.

By contrast, time spent preparing for a visit – such as reviewing patient notes or preparing a presentation for a training – is not considered a billable collateral service. Time spent documenting a visit is also not considered a billable collateral service.”

### Member Eligibility Criteria

The Rhode Island Medicaid program will only reimburse providers for medically necessary services. Determinations of medical necessity are made by the staff of the RI Medicaid program, trained medical consultants, and independent state and private agencies under contract with RI Medicaid.

The determination of whether a beneficiary meets the medical necessity criteria for CHW services “shall be based on the presence of one or more of the following:

- Diagnosis of one or more chronic health (including behavioral health) conditions
- Presence of medical indicators of rising risk of chronic disease (e.g., elevated blood pressure, elevated blood glucose levels, etc., that indicate risk but do not yet warrant diagnosis of a chronic condition)
- Presence of known risk factors, including tobacco use, excessive alcohol use, and/or drug misuse
- Results of a social determinant of health screening indicating unmet health-related social needs
- One or more visits to a hospital emergency department
- One or more hospital inpatient stays, including stays at a psychiatric facility
- One or more stays at a detox facility
- Two or more missed medical appointments
- Beneficiary expressed a need for support in health system navigation or resource coordination services.”

### Provider Eligibility

1. Individuals certified by the Rhode Island Certification Board (RICB) as a CHW.
2. Individuals who have a plan for working toward RICB certification, to be achieved within 18 months.
3. An organization – whether a medical practice, hospital, other health care organization, or a community-based organization – can enroll as a CHW provider and submit claims to RI Medicaid. There is no RICB CHW certification at the organizational level. Rather, an organizational CHW provider must ensure the individuals delivering the CHW services billed to Medicaid are either certified or have a plan to become certified within 18 months.

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4. CHWs enrolling independently (not part of an agency) will be required to submit proof of CHW certification by the Rhode Island Certification Board. A CHW who is not yet certified may enroll as a provider, but the enrollment will be limited to an 18-month certification. If the proof of certification is not submitted before the end of the 18-month period, the provider will be disenrolled.

CHW certification is not required for agencies to enroll. In addition to enrolling as a provider, the CHW must then enroll as a trading partner (any business entity that exchanges electronic data with the Rhode Island Medicaid program) in order to bill and receive payment.

### Authorization

Certified community health worker services were authorized via state plan amendment 21-0012, effective May 2022.

### Documentation Requirements

CHW providers are required to maintain notes reflecting the dates and time/duration of services provided to beneficiaries. The notes should also reflect information on the nature of the service provided and support the length of time spent with the patient that day. The notes may also need to document how a patient meets criteria in a standing order or protocol to be recommended for CHW services.

For example, a note might state, “Discussed the patient’s challenges accessing healthy food and options to improve the situation for 15 minutes. Assisted with SNAP application for 30 minutes. Referred patient to XYZ food pantry.”

### Duration of Services/Limitations

There is no limit to the number of visits/hours allowed per member.

### Targeted Populations

See member eligibility

### Sources

1. State plan amendment [RI-21-0012.pdf \(medicaid.gov\)](#)
2. [Frequently Asked Questions](#) (September 2023)
3. [Community Health Workers Provider Manual](#) (October 2023)
4. [Community Health Workers Enrollment and Billing Training](#) (October 2023)
5. [EOHHS Policy Training for Community Health Workers](#) (October 2023)
6. [Community Health Workers: Department of Health \(ri.gov\)](#) Main Page
7. [Medicaid Enrollment and Reimbursement for CHWs: Department of Health \(ri.gov\)](#)
8. [Certified Community Health Worker \(CCHW\) | Rhode Island Certification Board \(ricertboard.org\)](#)

## Reimbursement Detail

### Payment Method Description

Services are reimbursed via FFS.

The Rhode Island Executive Office of Health and Human Services has a claim submission restriction of 12 months from the date the service was provided to Medicaid recipients.

Gainwell Technologies must receive a claim for services for Medicaid clients within 12 months of the date of service in order to process claims for adjudication. Providers have a choice of using electronic or paper claim submission.

### Rates Paid and Time Increments

CHW services will be billed using the Healthcare Common Procedure Coding System (HCPCS) Procedure Code: T1016 – Case Management – Each Fifteen (15) Minutes.

There are three versions of this code that should be used in three distinct circumstances:

CPT Code	Payment Rate
<b>T1016 – without a modifier will be used when billing for services rendered to an established patient</b>	\$12.69
<b>T1016 – with the U3 Modifier will be used when billing for services rendered to a new patient</b>	\$16.51
<b>T1016 – with HQ Modifier will be used when rendering services in a group setting (The rate is paid for each eligible Medicaid member)</b>	\$4.65

### Limitations

CHW services are limited to 96 units per day per member (i.e., 24 hours a day).

There are no restrictions on the place of service for CHWs.

### Sources

1. [Community Health Workers Provider Manual](#) (October 2023)
2. [Community Health Workers Enrollment and Billing Training](#) (October 2023)
3. [Medicaid Enrollment and Reimbursement for CHWs: Department of Health \(ri.gov\)](#)

## CHW Program Contact Information

### Amy Katzen (OHHS)

Director of Policy and Strategy

Email: [Amy.Katzen@ohhs.ri.gov](mailto:Amy.Katzen@ohhs.ri.gov)



**James Day**

CHW program administrator

Email: [james.day@health.ri.gov](mailto:james.day@health.ri.gov)

**Andrea Rohrer**

Claims Billing and Processing partner

Email: [andrea.rohrer@gainwelltechnologies.com](mailto:andrea.rohrer@gainwelltechnologies.com)

(469) 897-4389

## **South Carolina**

The state does not provide Medicaid reimbursement for CHW services.

## **South Dakota**

### **Service Detail**

#### **Scope of Service**

CHW services are a “preventive health service to prevent disease, disability, and other health conditions or their progression for individuals with a chronic condition or at risk for a chronic condition who are unable to self-manage the condition or for individuals with a documented barrier that is affecting the individual’s health. The following are examples of qualifying conditions:

- Asthma
- Cancer
- COPD
- Depression
- Diabetes
- Heart Disease

Barriers must be based on a risk assessment or prior healthcare experiences with the individual. The following are examples of barriers affecting an individual’s health that could result in CHW services being necessary:

- Geographic distance from health services results in the inability to attend medical appointment(s) or pick up prescriptions
- Lack of phone results in the individual going to the emergency department instead of scheduling a medical appointment
- Cultural/language communication barriers result in the individual not following a medical professional’s recommendation.”

#### **Member Eligibility Criteria**

Community health worker services must be ordered by a physician, physician assistant, nurse practitioner, certified nurse midwife, or dentist. “The service must be ordered by the recipient’s primary care provider or health home, if applicable, or from a provider who has already received



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a referral for the recipient (e.g., a specialist). Medical residents operating under a provider eligible to order CHW services may also order the services. A dentist can also order services for individuals who participate in the primary care provider or health home programs.

Recipients receiving substance use disorder (SUD) or addiction services referred for services by SUD or addiction services providers may be referred for CHW services by the SUD agency without consulting the PCP or Health Home Providers. These CHW services must be billed using the “HF” modifier.”

### **Provider Eligibility**

A community health worker agency is required to be enrolled with South Dakota Medicaid to be reimbursed for services.

“A health system with more than one physical location has the option to enroll as a single CHW agency. Any provider enrolling as a CHW agency will need to obtain a new Type 2 NPI to be used for billing CHW services only or use a Type 2 BNPI that is not enrolled with Medicaid. Agencies will need to enroll the BNPI through provider enrollment. A health system enrolling multiple locations under one agency will need to indicate a “primary location” on the enrollment application.

CHW agencies must complete a supplemental provider agreement addendum and submit their written policies and procedures as outlined in the supplemental agreement addendum as part of the provider enrollment process. The staff training policy must indicate that all CHWs are certified by the Community Health Worker Collaborative of South Dakota.

The staff training policy must also include identification of the processes and timelines for new staff orientation and annual staff training. The new employee orientation must occur before the employee enters an individual’s home unsupervised. New employee orientation must include training on local providers and health resources.

Individual CHWs South Dakota Medicaid does not enroll individual CHWs. Individual CHWs must be employed and supervised by an enrolled CHW agency. CHWs must be certified by the Community Health Worker Collaborative of South Dakota.”

### **Authorization**

State plan amendment (SPA) [SD-22-0007.pdf \(medicaid.gov\)](#) effective 8/2022.

### **Documentation Requirements**

Services must be delivered according to a care plan. The care plan must be written by the ordering provider, or a qualified health care professional supervised by the ordering provider. The care plan must be finalized prior to CHW services being rendered. The ordering provider must specify the condition or barrier that the service is being ordered for and the duration of the service. An order may not exceed a period of one year. The plan must meet the following requirements:

- The plan must be relevant to the condition or barrier

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- 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
- Include the frequency and duration of CHW services (not to exceed the provider's order) to be provided to meet the care plan's objectives

### Care Plan Review

The ordering provider must review the recipient's care plan at least semiannually, with the first review completed no later than six months from the effective date of the initial care plan. The ordering 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 or discharging from the care plan. The ordering provider and the CHW agency must communicate regarding changes or amendments to the care plan.

### Duration of Services/Limitations

The following are non-covered services:

- Advanced care planning
- Advocacy on behalf of the recipient
- Case management/care management
- Childcare
- Chore services, including shopping and cooking
- Companion services
- Employment services
- Exercise classes
- Helping a recipient enroll in government programs or insurance
- Interpreter services
- Medication, medical equipment, or medical supply delivery
- Personal care services/homemaker services
- Respite care
- Services not listed in the recipient's care plan
- Services provided prior to the recipient's care plan being finalized
- Services provided to non-Medicaid patients
- Services that duplicate another covered Medicaid service
- Socialization
- Transporting the recipient
- Travel time

### Sources

1. State plan amendment [SD-22-0007.pdf \(medicaid.gov\)](#)
2. CHW Medicaid Implementation Homepage: <https://chwsd.org/sd-medicaid-implementation/>
3. Billing and policy manual

[https://dss.sd.gov/docs/medicaid/providers/billingmanuals/Professional/Community\\_Health\\_Worker\\_Services.pdf](https://dss.sd.gov/docs/medicaid/providers/billingmanuals/Professional/Community_Health_Worker_Services.pdf)

4. Provider enrollment checklist  
[https://dss.sd.gov/docs/medicaid/providers/billingmanuals/Professional/Provider\\_Enrollment\\_Checklist.pdf](https://dss.sd.gov/docs/medicaid/providers/billingmanuals/Professional/Provider_Enrollment_Checklist.pdf)
5. Provider Policy Requirements  
[https://dss.sd.gov/docs/medicaid/providers/billingmanuals/Professional/Provider\\_Policy\\_Requirements.pdf](https://dss.sd.gov/docs/medicaid/providers/billingmanuals/Professional/Provider_Policy_Requirements.pdf)
6. PPT Overview [Community Health Workers Presentation.pdf \(sd.gov\)](#)

## Reimbursement Detail

### Payment Method Description

South Dakota Medicaid reimburses for CHW services through FFS.

South Dakota has incorporated payment for CHW services through a state plan amendment.

### Rates Paid and Time Increments

CPT Code	Payment Rate
98960 – Self-management education & training, face-to-face, 1 patient	\$32.43
98961 – Self-management education & training, face-to-face, 2–4 patients	\$16.22 per person
98962 – Self-management education & training, face-to-face, 5–8 patients	\$11.35 per person

### Limitations

1. Outpatient diabetes self-management education is limited to ten hours of comprehensive education for newly diagnosed recipients and follow-up education sessions of two hours per year based upon assessment of need and documented physician order. Limits can be exceeded if determined medically necessary by the state.
2. Diabetes self-management education is not separately covered when:
  - a. The individual is institutionalized, and the training is not delivered in an outpatient setting; or
  - b. The individual receives this service in a FQHC or rural health clinic.

### Sources

1. Community Health Worker Services Fee Schedule:  
[https://dss.sd.gov/docs/medicaid/providers/feeschedules/Other\\_Services/Community\\_Health\\_Worker\\_Agencies\\_SF24.pdf](https://dss.sd.gov/docs/medicaid/providers/feeschedules/Other_Services/Community_Health_Worker_Agencies_SF24.pdf)
2. Billing and policy manual:  
[https://dss.sd.gov/docs/medicaid/providers/billingmanuals/Professional/Community\\_Health\\_Worker\\_Services.pdf](https://dss.sd.gov/docs/medicaid/providers/billingmanuals/Professional/Community_Health_Worker_Services.pdf)

## **CHW Program Contact Information**

[Ashley Lauing](#)

Policy Strategy Manager,

Department of Social Services, Office of Medical Services

Email: [Ashley.lauing@state.sd.us](mailto:Ashley.lauing@state.sd.us)

## **Tennessee**

The state does not reimburse CHW services but is currently working toward expanding the CHW workforce via an infrastructure grant; TennCare CHW Grant Opportunity (bid: 31865-00017) is in progress, and partners with the UPenn Center for CHWs to provide technical assistance for grantees.

### **Program Implementation**

TennCare is investing in CHW infrastructure through grant opportunities to increase the continuity, capacity, and sustainability of the CHW workforce. “The TennCare CHW Grant Opportunity was created to support the CHW infrastructure and assist CHWs in meeting CHW program standards and best practices by:

1. Supporting organizations employing CHWs to make key investments in organizational infrastructure and overhead costs
2. Providing technical assistance to organizations employing CHWs to implement evidence-based best practices and integrate evidence-based CHW models

The grantees will create CHW organizational infrastructure and utilize technical assistance to implement CHW models that strengthen the CHW workforce and improve the lives of TennCare members across the state.”

### **TennCare CHW Infrastructure Grant Awardees (2023)**

- BCBST Sanitas
- Darsalud (Lifedoc Health)
- Matter Healthcare
- Mental Health Cooperative
- Methodist LeBonheur Healthcare
- Regional One Health
- Senior (IHCM) Solutions
- Siloam Health

### **Sources**

1. PPT Overview  
<https://www.tn.gov/content/dam/tn/tenncare/documents/TennCareCHWInfrastructureGrantKickOffSlides.pdf>

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2. Sample Grant  
<https://www.tn.gov/content/dam/tn/tenncare/documents/CHWInfrastructureSampleGrant.pdf>

## CHW Program Contact Information

### Megan Davis

Social Determinants of Health Program Coordinator

Email: [Megan.E.Davis2@tn.gov](mailto:Megan.E.Davis2@tn.gov)

## Texas

The state does not provide Medicaid reimbursement for CHW services, but “MCOs may use certified CHWs or promotore(a)s<sup>1</sup> to conduct outreach and member education activities but does not further prescribe the specific activities or their focus (e.g., member education related to particular health conditions).”

Additionally, bill HB 105 “A BILL TO BE ENTITLED: An Act Relating To The Use Of Promotoras And Community Health Workers In Medicaid Managed Care” seeks to allow MCOs to categorize services provided by a promotora or community health worker as a quality improvement cost, as authorized by federal law, instead of as an administrative expense, allowing for reimbursement.

### Sources

1. Texas Health and Human Services (THHS). 2021. STAR Health contract terms. September 1, 2021. [Managed Care Contract Management | Texas Health and Human Services](#)
2. MACPAC Issue Brief. April 2022. Medicaid Coverage of Community Health Worker Services. <https://www.macpac.gov/wp-content/uploads/2022/04/Medicaid-coverage-of-community-health-worker-services-1.pdf>

## Utah

The state does not provide Medicaid reimbursement for CHW services.

## Vermont

### Service Detail

#### Scope of Service

The state covers a typical range of services, including care coordination, systems navigation, health coaching, patient advocacy, clinical support, and community outreach. “Enumerated roles and tasks include:

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<sup>1</sup> “promotore(a)s” is the specific name for CHWs in Texas’s CHW program.

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1. Bridging the Gap Between Individuals, Communities and the Health and Social Service Systems
2. Providing Culturally and Linguistically Appropriate Health Education and Information
3. Care Coordination and System Navigation
4. Case Management
5. Providing Health Coaching and Social Support
6. Advocating for Individuals and Communities
7. Building Individual and Community Capacity
8. Providing Direct Service
9. Conducting Individual and Community Assessments
10. Conducting Outreach
11. Participating in Evaluation and Research

### Core Competencies

1. Communication Skills
2. Interpersonal and Relationship-Building Skills
3. Service Coordination and Navigation Skills
4. Capacity Building Skills
5. Advocacy Skills
6. Education and Facilitation/Coaching Skills
7. Individual and Community Assessment Skills
8. Outreach Skills
9. Legal, Ethical and Professional Skills and Conduct
10. Evaluation and Research Skills
11. Use of Public Health Concepts and Approaches
12. Cultural and Linguistic Competency”

### Sources

1. CHW Scope of Practice and Core Competencies: [https://www.healthvermont.gov/sites/default/files/documents/pdf/hpdp\\_Community-Health-Workers\\_ScopeOfPractice-CoreCompetencies\\_FINAL%20October%202020.pdf](https://www.healthvermont.gov/sites/default/files/documents/pdf/hpdp_Community-Health-Workers_ScopeOfPractice-CoreCompetencies_FINAL%20October%202020.pdf)
2. [Community Health Workers: Scope of Practice and Core Competencies \(healthvermont.gov\)](https://www.healthvermont.gov/sites/default/files/documents/pdf/hpdp_Community-Health-Workers_ScopeOfPractice-CoreCompetencies_FINAL%20October%202020.pdf)
3. 2022 Vermont community health worker survey: [hpdp-chw-chwsurveyreport2022.pdf \(healthvermont.gov\)](https://www.healthvermont.gov/sites/default/files/documents/pdf/hpdp-chw-chwsurveyreport2022.pdf)
4. CHW flyer: [PowerPoint Presentation \(healthvermont.gov\)](https://www.healthvermont.gov/sites/default/files/documents/pdf/hpdp-chw-chwsurveyreport2022.pdf)

## Reimbursement Detail

### Payment Method Description

“Vermont has implemented transformative healthcare delivery and payment reform systems that shift a significant degree of payment for health services from a fee-for-service model to a quality and value-based payment system. The Vermont Blueprint for Health (pursuant to 18 V.S.A. §7022), in existence for over fifteen years, is a statewide network of NCQA-certified Patient-

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Centered Medical Homes (PCMHs) which are supported by regional program managers, quality improvement managers, self-management program coordinators, and a regional Community Health Team (CHT). CHTs are multi-role teams (can include RNs, Health Coaches, Substance Abuse Specialists, RDs, Pharmacists, CHWs, etc.).

There are thirteen CHTs in Vermont, some of which have elected to include community health workers in their staffing configuration. Vermont has incorporated community health worker services through their Community Health Team all-payer model structure as well as incorporated CHW services through medical homes, ACOs, and other VBP models. The state has used Medicaid waivers and state plan amendments to pay for these services, as well as other mechanisms like hospital budgets and grants.”

According to the 2022 CHW workforce survey, approximately 40% of funding comes from the Community Health Team/ Blueprint for Health/OneCare VT, and 10% is funded by traditional Medicaid.

### **Program Implementation**

In 2018, the Department of Health was awarded a five-year Centers for Disease Control and Prevention (CDC) \$1.5 million grant to focus on strategies and partnerships to help prevent and manage heart disease and diabetes in Vermont. Due to the growing body of evidence demonstrating the effectiveness of CHWs in addressing chronic conditions, this grant includes strategies in support of the development of a statewide CHW infrastructure.

### **Sources**

1. 2022 Workforce Survey:  
<https://www.healthvermont.gov/sites/default/files/documents/pdf/hpdp-chw-chwsurveyreport2022.pdf>
2. NASHP [State Community Health Worker Models - NASHP](#)

### **CHW Program Contact Information**

#### **Andrea Nicoletta**

Health Equity Team Lead & Community Health Worker Coordinator  
[Andrea.Nicoletta@vermont.gov](mailto:Andrea.Nicoletta@vermont.gov)

#### **Jennifer Woolard**

Chronic Disease Prevention Specialist  
[jennifer.woolard@vermont.gov](mailto:jennifer.woolard@vermont.gov)

### **Virginia**

The state does not provide Medicaid reimbursement for CHW services.

## Washington

### Service Detail

#### Scope of Service

The Washington Department of Health describes the scope of service for CHW as follows:

- Link diverse and underserved populations to health and social service systems.
- Work to reduce social and racial disparities in health care.
- Improve health outcomes and the quality of care while achieving significant cost savings.

#### Authorization

Washington's section 1115 demonstration allows CHWs to be paid as a part of Medicaid value-based payment. Washington also includes community health worker visits for pregnant and postpartum women in their state plan.

#### Sources

1. Main Page [Community Health Worker \(CHW\) Grant | Washington State Health Care Authority](#)
2. [Community Health Worker \(CHW\) Grant | Washington State Health Care Authority](#)

### Reimbursement Detail

Washington's section 1115 demonstration allows CHWs to be paid as a part of Medicaid value-based payment. CHWs may be part of Washington's Health Homes, which would allow them to receive Medicaid funding for each patient served. CHWs are often included in accountable communities for health (ACH)-based payment.

There are currently three ways CHWs are funded through Washington's Medicaid program, including:

- Federally qualified health centers (FQHC)
- Maternity support services (MSS) First Steps program
- Managed care organizations

#### Rates Paid and Time Increments

CHWs are not encounter-rate eligible. CHWs for FQHCs are incorporated into cost-based reimbursement reports where clinics can account for CHW salaries.

#### Sources

1. [Community Health Worker Program | Washington State Department of Health](#)

### Program Implementation

#### Community health worker grant

The state has noted low usage of the CHW billing codes and is currently investing in CHW workforce development and integration through a 2-year grant program (Jan 2023 – Jan 2025).



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For more details, see [Community Health Worker \(CHW\) Grant | Washington State Health Care Authority](#).

A two-year grant for primary care clinics serving children and youth (birth through age 18) to hire community health workers. Grant amount: \$2,087,000. An additional \$6 million is intended to be appropriated during the next legislative session.

### Sources

1. Main Page [Community Health Worker \(CHW\) Grant | Washington State Health Care Authority](#)
2. Washington Medicaid State Plan <https://www.hca.wa.gov/assets/program/SP-Att-3-Services-General-Provisions.pdf>

## CHW Program Contact Information

### Christine Cole, LCSW

Infant & Early Childhood Mental Health Program Manager

Clinical Quality Care Transformation

Email: [Christine.Cole@hca.wa.gov](mailto:Christine.Cole@hca.wa.gov)

### Nikeisha 'Nikki' Banks, MPH

Community Integration Program Manager

Clinical Quality Care Transformation

Grant Email: [hcachwgrant@hca.wa.gov](mailto:hcachwgrant@hca.wa.gov)

## Washington D.C

Washington D.C. does not provide Medicaid reimbursement for CHW services.

## West Virginia

### Service Detail

#### Scope of Service

CHW services are only reimbursed through the Drug Free Mom and Babies (DFMB) program, a comprehensive maternity and behavioral health care program for pregnant and postpartum individuals with an opioid use disorder diagnosis or a history of opioid use. "The program supports these individuals with opioid use disorder by coordinating treatment and recovery plans throughout pregnancy and up to one year postpartum.

Reimbursable services include:

Linkage, referral, and related activities (such as scheduling appointments for the expecting or new mother) to help the eligible expecting or new mother obtain needed services, including:

- Identifying community resources and developing/maintaining collaborative relationships with community-based opioid use disorder and mental health providers

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- Activities that help link the expecting or new mother and their child with medical, social, family support, educational providers, or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the care plan
- Facilitating the expecting or new mother's access to and transition of care, services, and resources through linkage, coordination, referral, consultation, and monitoring
- Coordinating care and services across multi-disciplinary care teams, with the MCO care coordinator and other care coordinators, such as Child Protective Services (CPS), as needed
- Evaluating, coordinating, and arranging immediate services or treatment needed in situations that appear to be emergent in nature or which require immediate attention or resolution in order to avoid, eliminate, or reduce a crisis situation for a specific expecting or new mother
- Acquainting the expecting or new mother and her parent(s) or legal guardian (if applicable) with resources in the community and providing information  
Obtaining appropriate informed consent and release forms and tracking referrals.”

### Member Eligibility Criteria

Section 521 b.1 member eligibility and enrollment of the revised code states that, “in addition to meeting requirements in Chapter 400, Member Eligibility, members must meet all of the eligibility and enrollment requirements described below for DFMB Care Coordination:

1. Provide documentation from a physician, advanced practice registered nurse (APRN), or physician assistant (PA) indicating that the member is eligible for DFMB care coordination because the member is pregnant OR in the first year of postpartum.
2. Provide documentation indicating that the member has an opioid use disorder diagnosis as described in the current Diagnostic and Statistical Manual (DSM) OR a history of an opioid use disorder (OUD) through an evaluation and a completed Prenatal Risk Screening Instrument (PRSI).
3. Enrolled in a West Virginia Managed Care program (i.e., Mountain Health Trust)
4. If the individual is under the age of 18, the parent and/or guardian must consent to participation.”

### Provider Eligibility

Section 521 b. 2 provider enrollment and participation requirements of the revised code states that, “All Medicaid providers must meet the provider enrollment requirements in Chapter 300, Provider Participation Requirements. DFMB providers must also complete an approval and readiness review that is processed with the West Virginia Perinatal Partnership and the Bureau for Medical Services (BMS) to be enrolled and deliver services. DFMB providers must also enroll with the West Virginia Medicaid Managed Care Organizations (MCOs). See Chapter 527, Section 527.9 Mountain Health Trust (Managed Care).”

### Authorization

The Drug Free Moms and Babies (DFMB) program is authorized via SPA 22-0003.

## **Documentation Requirements**

Section 521 B.7 documentation and record retention requirements of the revised code states that “documentation and record retention requirements governing the provision of all West Virginia Medicaid services will apply pursuant to Chapter 100, General Administration and Information, and Chapter 300, Provider Participation Requirements of BMS Provider Manual. Providers must also comply, at a minimum, with the following documentation requirements:

“Providers must maintain a specific record for all services received for each eligible member, including, but not limited to, name, address, birth date, Medicaid identification number, pertinent diagnostic information, history of OUD (provider must indicate instances of self-reported history), a current plan of care (POC) signed by the provider, signature and credentials of staff providing the service, designation of what service was provided, documentation of services provided, the dates the services were provided, and the actual time spent providing the service by listing the start-and-stop times as required by service.”

## **Duration of Services/Limitations**

Throughout pregnancy and up to one year postpartum.

## **Targeted Populations**

The program supports individuals with opioid use disorder by coordinating treatment and recovery plans throughout pregnancy and up to one year postpartum.

## **Limitations**

Caseload limit: Maximum of 30 members per care coordinator and 30 members per community health worker

## **Sources**

1. Policy:  
[https://dhhr.wv.gov/bms/Provider/Documents/Manuals/Appendixes/Policy\\_Chapter%20521B.pdf](https://dhhr.wv.gov/bms/Provider/Documents/Manuals/Appendixes/Policy_Chapter%20521B.pdf)
2. State plan amendment (SPA) 22-0003:  
<https://dhhr.wv.gov/bms/CMS/SMP/Documents/SPAs/SPA%202022/WV%20SPA%2022-0003%20APPROVAL%20signed.pdf>

## **Reimbursement Detail**

### **Payment Method Description**

- Procedure code: T2023 HG
- Service Unit: Per member/per calendar month service
- Limit: Maximum 1 per calendar month

Federally qualified health centers (FQHCs) may bill the T2023 HG code as well as the encounter codes for DFMB Services. FQHCs will be on the UB form, and the group practices will bill on a CMS 1500 form.

## **Rates Paid and Time Increments**

T2023- \$207.58 per month

## **Limitations**

Payment for DFMB services must not duplicate payments made to other entities for case management/service coordination services. T1017 cannot be billed in conjunction with T2023.

## **Sources**

1. Chapter 521 Behavioral Health Outpatient Services Appendix B: Drug Free Mom And Baby Programs [Chapter 521 Behavioral Health Outpatient Services Appendix b \(wv.gov\)](#)
2. PPT with rate dollar amount:  
<https://www.wvmmis.com/SiteAssets/Lists/Announcements/AllItems/2022%20Spring%20PM%20Presentation.pdf>

## **Wisconsin**

The state does not provide Medicaid reimbursement for CHW services.

## **Wyoming**

The state does not provide Medicaid reimbursement for CHW services.

## Meet Our Team

### **Carol Gyurina, MMHS | Senior Consultant**

Carol is a seasoned ForHealth Consulting expert who brings a wealth of expertise in behavioral health programming, payment methodologies, and healthcare analytics. Her background includes consulting on program development and payment strategies for the Massachusetts Roadmap for Behavioral Health Reform, effectively managing the implementation of the Children's Behavioral Health Initiative at the MassHealth Office of Behavioral Health, and directing comprehensive analyses on opioid use disorder and neonatal abstinence syndrome at the Massachusetts Health Policy Commission. Carol's skillset extends to leadership in data analytics, program supervision, and policy development. Her education includes a Master of Management of Human Services degree from Brandeis University and a Bachelor of Arts degree in Religion from the University of Massachusetts, Amherst.

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### **Lissette Victoriano, MPH | Senior Policy Analyst**

Primarily serving government agency clients and non-profit health policy organizations, Lissette's work includes policy consulting, data analysis, research, and evaluation. Specific areas of expertise include community health worker workforce development, Medicaid service, and supports for specialty populations, including unhoused individuals, grandparents raising grandchildren, and individuals with co-occurring mental health and substance use issues.

Prior to joining the ForHealth Consulting team, Lissette focused on working directly with patients within organizations that primarily served the underinsured and the uninsured. Specialty populations included those with co-occurring substance use and mental health issues, justice-involved individuals, and reproductive health for BIPOC and LGBTQ. Her education includes a Master of Public Health degree from Boston University and a Bachelor of Arts in Political Science and Economics degree from Brandeis University.