

COMMUNITY HEALTH WORKERS IN MEDICAID

A Summary of State Plan Amendments



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OVERVIEW:

A SUMMARY OF MEDICAID STATE PLAN AMENDMENTS

Medicaid is a public health insurance program jointly funded by the federal government and the states. The states administer Medicaid within federal guidelines and oversight by the Centers for Medicare and Medicaid Services (CMS). When a state wants to amend how its Medicaid program operates, it submits a request to CMS for approval called a State Plan Amendment (SPA).

This document summarizes State Plan Amendments (SPAs) approved by CMS that incorporate community health workers (CHWs) into Medicaid as unlicensed providers to deliver services.

We chose the following states to be represented in this document because these states used statutory authority to directly recognize CHWs to deliver services in Medicaid and to serve a broad population:

- Arizona
- California
- Indiana
- Kansas
- Kentucky
- Louisiana
- Michigan
- Minnesota
- Nevada
- New Mexico
- Oregon
- Rhode Island
- South Dakota

There are other states that have incorporated CHWs through health homes, targeted case management or as part of health reform efforts, which are not reflected in this document.

The information presented in this document builds upon and updates information released by the California Health Care Foundation in 2022¹.

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¹ <https://www.chcf.org/publication/summary-medicaid-state-plan-amendments-chws/#related-links-and-downloads>

Arizona

Beginning April 1, 2023, Arizona began reimbursing for CHWs to provide preventive services in Medicaid.

MEDICAID AUTHORITY

Title XIX

FEDERAL FISCAL IMPACT ESTIMATE UPON SUBMISSION

- FFY 2023: \$1,589,200
- FFY 2024: \$971,300

COVERED SERVICES

In Arizona, Medicaid will reimburse for certified CHWs to provide patient education and preventive services to individuals with a chronic condition, at risk for a chronic condition or if a documented barrier to care is present that affects an individual's health. Covered services include:

- Health system navigation and resource coordination.
- Health education consistent with established or recognized health care standards.
- Health promotion and coaching.

Services must be recommended by a physician or licensed practitioner of the healing arts under state law. Preventive services must be provided without cost sharing. CHWs must be certified to render billable services to Medicaid. CHWs may provide services via telehealth.

Registered Provider

CHWs must be employed by a provider registered with Arizona Medicaid. Registered providers submit billable claims for CHWs services to Medicaid and maintain documentation of CHW certification. The providers may include:

- Federally Qualified Health Centers (FQHCs)
- Behavioral Outpatient Clinics
- Clinics
- Community/Rural Health Centers
- Community Health Worker Organizations
- Physician Osteopaths
- Hospitals
- Integrated Clinics
- Physicians
- Physician's Assistants
- Registered Nurse Practitioners

As of February 19, 2024, CHW/Community Health Representative (CHR) Organizations can apply to enroll as an Arizona Medicaid provider and bill for CHW services if the CHW Organization provider qualifications are met. CHW Organizations are organizations that have not historically been able to register as Arizona Medicaid providers.

Noncovered Services

Peer support and case management are not considered billable CHW services.

CHW QUALIFICATIONS

Arizona requires that only certified CHWs may provide preventive services billable under Medicaid. Registered providers must maintain documentation of certification. CHWs can be certified if the CHW is/has:

- 18 years if age or older.
- Documentation of citizenship or alien status.
- High school diploma or equivalent.
- Documentation of training (which can include the national Community Health Representative (CHR training program) or volunteer requirements.
- Completion of initial CHW certification application.
- Submission of fees.

Twenty-four hours of continuing education is required every two years.

REIMBURSEMENT

Registered providers and CHW Organizations may submit claims up to 4 units per day and 24 units per month per member using the following the Current Procedural Terminology (CPT®) codes:

- 98960 for individual patients
- 98961 for 2-4 patients
- 98962 for 5-8 patients

Maximum amounts are inclusive of all three billing codes. The billing codes may not be billed together on the same day per member. Rates are inclusive of travel time as such travel expenses may not be billed to Medicaid.

FEDERALLY QUALIFIED HEALTH CENTERS, RURAL HEALTH CENTERS, AND INDIAN HEALTH SERVICE FACILITIES

FQHCs may request a change to account for CHW services as part of the FQHC rate calculation until the next rate rebase. Indian Health Service (IHS) facilities may bill the fee schedule rate until the next rate rebase.

For beneficiaries already receiving case management services through Arizona's long-term care tribal case management or with Arizona Medicaid's American Indian Medical Home, health system navigation and resource coordination services by a CHW/CHR are not billable. In addition, for beneficiaries enrolled in Arizona's American Indian Medical Home that is reimbursed for diabetes education, diabetes education would not be billable CHW services.

California

Beginning July 1, 2022, California began reimbursing for CHWs to provide preventive services in Medicaid.

MEDICAID AUTHORITY

Preventive Services: 42 CFR 440.130(c) and 42 CFR Part 447

FEDERAL FISCAL IMPACT ESTIMATE UPON SUBMISSION

- FFY 2022: \$841,944
- FFY 2023: \$5,521,769

COVERED SERVICES

In California, Medicaid will reimburse for CHWs to provide preventive services including:

- Health education consistent with established or recognized health care standards.
- Health navigation and connection to community resources to address health-related social needs.
- Screening and assessment to assist connecting to appropriate services to improve a beneficiary's health.
- Individual support or advocacy.
- Violence prevention services.

Covered services:

- May be provided in an individual or group setting.
- Must be recommended by a physician or other licensed practitioner of the healing arts within their scope of practice under state law.
- Must be supervised by the organization employing or otherwise overseeing the CHW, with which the managed care plan contracts (e.g. community-based organization, local health jurisdiction, licensed provider, hospital, or clinic).
- Can be provided virtually or in-person with locations in any setting including, but not limited to, outpatient clinics, hospitals, homes, or community settings.
- Require a written recommendation by a physician or other licensed practitioner. The recommending licensed provider does not need to be enrolled in California Medicaid, be a network provider with the beneficiary's managed care plan or be the same entity supervising the CHW.
- Are limited to four units (two hours) daily per beneficiary. Additional units per day may be provided upon request and approval for medical necessity.
- Delivered according to a plan of care written by a licensed provider when a beneficiary requires multiple or continued CHW services after 12 units of service. Plans of care must be reviewed at least every six months to determine if progress is being made and whether services are still medically necessary.

Supervising Provider

The Supervising Provider ensures that CHWs meets the qualifications, oversees CHWs and the services delivered to beneficiaries, and submits claims for services provided by CHWs. California allows for general supervision of CHWs and may delegate day-to-day supervision of CHWs, but the supervising provider remains responsible for ensuring CHW services comply with applicable requirements.

Noncovered Services

Specific services that are not covered include clinical case/care management that requires a license, personal care/homemaker services, transportation, respite care, among others.

Documentation

CHWs are required to document services provided. The documentation must be available to the supervising provider, integrated into the medical record, and available for encounter reporting.

Documentation must include:

- Dates and time/duration of services.
- Nature of the service provided.
- CHW's National Provider Identifier (NPI).

CHW QUALIFICATIONS

California requires that CHWs have lived experience with the community being served. Supervising providers must maintain evidence of this experience. CHWs can qualify to provide preventive services through one of the following pathways:

- Certificate of completion of a curriculum including field experience and attests to demonstrated skills/practical training in CHW core roles.
- Demonstrated work experience of at least 2,000 hours as a CHW in paid or volunteer positions within the previous three years and demonstrated skills and practical training as a CHW. CHWs qualifying through the work experience pathway must earn a certificate of completion of a curriculum within 18 months of the first CHW visit to a beneficiary.
- Violence Prevention training for individuals providing CHW violence prevention services only. This includes a Violence Prevention Professional Certification issued by Health Alliance for Violence Intervention or a certificate of completion in gang intervention training from the Urban Peace Institute.

Six hours of continuing education is required annually.

REIMBURSEMENT

California reimburses for CHW services using the Current Procedural Terminology (CPT®) 9896x code series for education and training for patient self-management and a U2 modifier. California reimburses for claims in 30-minute increments:

- 98960 for individual patients
- 98961 for 2-4 patients
- 98962 for 5-8 patients

Reimbursement rates are the lower of the amount billed; the charge to the general public; or 80 percent of the lowest maximum allowance established no earlier than July 1, 2022, by the federal Medicare program for the same or similar service.

Conditions

Supervising Providers are required to enroll as Medicaid providers if there is a state-level enrollment pathway for them. Supervising Providers that do not have a corresponding state-level enrollment must be vetted by the managed care plan to participate as Supervising Providers. Supervising providers submit

claims for CHW services and must have the capacity to do so. Managed Care Plans must develop and submit to California Medicaid for review and approval a CHW integration plan.

FEDERALLY QUALIFIED HEALTH CENTERS, RURAL HEALTH CENTERS, AND INDIAN HEALTH SERVICE FACILITIES

Tribal clinics may bill the Medicaid managed care plan for CHW services at the Fee-for-Service (FFS) rates using the identified CPT® codes for CHWs. The state guidance is silent on whether and how FQHCs and Rural Health Centers (RHCs) can bill Medicaid for CHW services.

Indiana

Beginning July 1, 2018, Indiana began reimbursing for CHWs to provide services in Medicaid.

MEDICAID AUTHORITY

Medical or other remedial care provided by licensed practitioners: 42 CFR 440.60

FEDERAL FISCAL IMPACT ESTIMATE UPON SUBMISSION

FFY 2018: \$5

FFY 2019: \$20

COVERED SERVICES

Indiana reimburses for medically necessary services provided by a CHW within the scope of the CHW certification and within the scope of practice of the supervising licensed practitioner. Covered services include:

- Diagnosis-related patient education.
- Facilitation of cultural brokering between a member and the member's healthcare team.
- Health promotion education.
- Direct preventive services or services aimed at slowing the progression of chronic diseases.

CHWs must be supervised by a licensed practitioner including a health services provider in psychology, advanced practice nurse, physician assistant, podiatrist, or chiropractor.

Noncovered Services

Indiana will not reimburse for CHWs to provide certain services including insurance enrollment or navigator assistance; case management/care coordination; arranging transportation or providing transportation for a member to and from services; and direct patient care outside the level of their certification.

CHW QUALIFICATIONS

To provide services billable under Indiana Medicaid, CHWs must obtain certification from an entity recognized by the state. The CHW must be employed by the billing provider, and the billing provider must maintain documentation of the certification for the individual providing the CHW services.

REIMBURSEMENT

Supervising licensed practitioners can bill for the CHW services at 50% of the resource-based relative value scale for the following CPT® codes related to health education:

- 98960 for individual patients.
- 98961 for 2-4 patients.
- 98962 for 5-8 patients.

Services must be provided face-to-face with the member, individually or in a group, in an outpatient, home, clinic, or other community setting. Services are limited to 4 units (or 2 hours) per day, per member or 24 units (or 12 hours) per month, per member.

FEDERALLY QUALIFIED HEALTH CENTERS, RURAL HEALTH CENTERS, AND INDIAN HEALTH SERVICE FACILITIES

At this time, the state guidance is silent on whether FQHCs, RHCs and Indian Health Centers can bill Medicaid for CHW services.

Kansas

Beginning July 1, 2023, Kansas began reimbursing for CHWs to provide services in Medicaid.

MEDICAID AUTHORITY

Medical or other remedial care provided by licensed practitioners: 42 CFR 440.60

FEDERAL FISCAL IMPACT ESTIMATE UPON SUBMISSION

FFY 2023: \$0

FFY 2024: \$0

COVERED SERVICES

In Kansas Medicaid, CHWs may provide the following services:

- Screening and assessment for health-related social needs.
- Health promotion and coaching.
- Health system navigation and resource coordination.
- Health education and training.
- Care planning.

CHWs may deliver services under supervision by the following licensed practitioners: Physicians; Dentists; Advanced Practice Registered Nurses (APRN); Licensed Mental Health Professionals; or Physician Assistants (PA).

CHW QUALIFICATIONS

The CHW must be certified in the State of Kansas to provide services. Certification may be obtained through a work experience or education pathway. The billing provider must maintain documentation of CHW certification and background checks.

REIMBURSEMENT

CHW services are limited to 4 units (2 hours) per day, per member and 24 units (12 hours) per month.

Services may be billed in 30-minute increments using the following CPT® codes:

- 98960
- 98961
- 98962

Services must be provided face-to-face with the member, individually or in a group, in an outpatient, home, clinic, or other community setting.

FEDERALLY QUALIFIED HEALTH CENTERS, RURAL HEALTH CENTERS, AND INDIAN HEALTH SERVICE FACILITIES

For FQHCs, RHCs, or IHS facilities, CHW services are not reimbursed at the Prospective Payment System (PPS)/all-inclusive rate, but at the FFS rate outside the PPS/all-inclusive rate. FQHCs, RHCs and IHS facilities must bill using a non-Rural Health Clinic (RHC), non-FQHC, or non-IHC NPI. If the facility shares an NPI with a physician group, reimbursement is made to the physician group.

Kentucky

Beginning July 1, 2023, Kentucky began reimbursing for CHWs to provide services in Medicaid.

MEDICAID AUTHORITY

Medical or other remedial care provided by licensed practitioners: 42 CFR 440.60

FEDERAL FISCAL IMPACT ESTIMATE UPON SUBMISSION

FFY 2023: \$75,000

FFY 2024: \$150,000

COVERED SERVICES

CHW services must be ordered by a physician, physician assistant, nurse practitioner, certified nurse midwife, or dentist, related to a medical intervention, and delivered according to a care plan. The provider ordering the service does not need to see the client first; however, client need for CHW services must be documented in their file/record.

Services include:

- Health system navigation and resource coordination.
- Health promotion and coaching.
- Health education and training.

There are no location restrictions on where CHW services can be provided.

CHW QUALIFICATIONS

CHWs must be:

- A legal United States resident.
- A resident of Kentucky.
- Employed as a CHW in Kentucky.
- At least eighteen (18) years of age.
- Certified through a training or experience pathway determined by the Department of Public Health.

REIMBURSEMENT

Kentucky Medicaid specifies that specific provider types may bill for CHW services including:

- Physician Offices
- Certified Community Behavioral Health Centers
- FQHCs
- RHCs
- Community Mental Health Centers
- Local Health Departments
- Behavioral Health Services Organization
- Behavioral Health Multi-Specialty Group
- Dentists
- Nurse Practitioner
- Physician Assistant
- Nurse Midwife
- School Services

CHW services are billed in 30-minute increments using the following CPT® codes

- 98960/1 patient
- 98961/2-4 patients

- 98962/5-8 patients

CHW services are limited to two units per member per week and no more than 104 units per member per calendar year.

Providers receiving other federal, state, or private grant funding supporting a CHW cannot also bill Medicaid for services provided by that CHW for a Medicaid member, and they must document that there is no duplication of funding.

FEDERALLY QUALIFIED HEALTH CENTERS, RURAL HEALTH CENTERS, AND INDIAN HEALTH SERVICE FACILITIES

FQHCs, RHCs or Community Behavioral Health Centers (CBHCs) will not receive a wrap payment up to the daily 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 another service that generates a wrap payment, the CHW service will be bundled into the PPS rate.

Louisiana

Beginning January 1, 2022, Louisiana began reimbursing for CHWs to provide services in Medicaid.

MEDICAID AUTHORITY

Medical or other remedial care provided by licensed practitioners: 42 CFR 440.60

FEDERAL FISCAL IMPACT ESTIMATE UPON SUBMISSION

FFY 2022: \$85,292

FFY 2023: \$162,129

COVERED SERVICES

Louisiana will reimburse for CHW services for beneficiaries that have one or more chronic health condition (including behavioral health); unmet health-related social needs; or are pregnant.

CHWs may provide:

- Health promotion and coaching including assessment and screening for health-related social needs.
- Care planning with a beneficiary's care team.
- Health system navigation and resource coordination services.

CHW services are limited to two hours per day per beneficiary and ten hours per month per beneficiary.

Services are "incident to" the supervising practitioner which includes either a physician, APRN or PA and are provided under general supervision of the practitioner. Services must be ordered by a licensed practitioner (either a physician, APRN or PA) who has an established clinical relationship with the beneficiary.

Service delivery is not restricted to any specific site or location and may be delivered via two-way video and audio transmission.

Non-Covered Services include insurance enrollment and navigator assistance; case management/care coordination; directly providing transportation for a beneficiary to and from services; and direct patient care outside the level of training attained.

CHW QUALIFICATIONS

A CHW is qualified to deliver services in Louisiana Medicaid if the individual has completed a state-recognized training that is also approved by the Louisiana CHW Workforce Coalition or 3,000 hours of documented work experience.

REIMBURSEMENT

The supervising practitioner shall bill using the approved codes associated with the number of people receiving the service simultaneously, which is limited to eight unique enrollees per group session. Louisiana Medicaid directed the Medicaid managed care organizations to reimburse using the CPT® codes below. The MCO shall also direct CHWs to follow the CPT® guidance.

- 98960/1 patient
- 98961/2-4 patients

- 98962/5-8 patients

FEDERALLY QUALIFIED HEALTH CENTERS, RURAL HEALTH CENTERS, AND INDIAN HEALTH SERVICE FACILITIES

FQHCs and RHCs will be reimbursed for CHW services based on an alternative payment methodology (APM) that reimburses for CHW services outside of the current PPS rate. The APM rate will be based on the rate on file for the dates of service published in the Medicaid fee schedule. FQHCs/RHCs will be reimbursed the rate for the encounter visit as well as the rate for the CHW services.

To be considered for CHW reimbursement, FQHC and RHC must include in its claim:

- A Healthcare Common Procedure Coding System (HCPCS) for the visit:
 - T1015, H2020, or D0999
- An evaluation and management code; and
- The corresponding CPT® code for the CHW services.

Michigan

Effective January 1, 2024, Michigan began reimbursing for CHWs to provide services in Medicaid.

MEDICAID AUTHORITY

Preventive Services: 42 CFR 440.130 and Title 1937 (alternative benefit plan)

FEDERAL FISCAL IMPACT ESTIMATE UPON SUBMISSION

FFY 2024: \$3,015,800

FFY 2025: \$4,006,300

COVERED SERVICES

A beneficiary's need for CHW services must be assessed through a health risk or health-related social needs screening. Qualifying conditions include but are not limited to one or more chronic health conditions or an unmet health-related social need; or being pregnant or up to 12-months postpartum.

CHWs may provide:

- Health system navigation and resource coordination to encourage access to services and community resources and beneficiary engagement in their own care.
- Health promotion and education to improve health and self-manage conditions consistent with established health care standards or best practices.
- Screening and assessment using standardized or validated tools to help identify needs.

CHW services must be recommended by a licensed practitioner including a physician, PA, APRN, RN, social worker, dentist, or psychiatrist. The recommending provider does not need to be part of the beneficiary's care team.

CHW services must be provided face-to-face. However, there are no restrictions on where services can be delivered. CHW services are restricted to 2 hours (8 units) per day and 16 visits per month, for a maximum of 32 hours (128 units) per month, per beneficiary unless prior authorization is obtained. Group services are limited to 8 beneficiaries at one time.

Non-covered Services include clinical care management, transporting beneficiaries, personal care, respite care, any service that requires a license, among others.

CHW QUALIFICATIONS

A CHW is certified to deliver services in Michigan Medicaid if the CHW is/has:

- 18 years of age or older.
- High school diploma or high school equivalent.
- Completed the CHW training pathway to certification or the meets the work experience requirements. (After December 31, 2025, completion of a training pathway is required for certification.)
- Completed a CHW application with a designated contractor and be in good standing on the MI Medicaid CHW Registry.
- Completed applicable Medicaid provider enrollment requirements to provide Medicaid services and obtained a Type 1 NP for a rendering/service only provider.

CHWs must complete six hours of continuing education annually, related to CHW core competencies.

REIMBURSEMENT

Michigan Medicaid requires services to be rendered and reported according to the following CPT® codes in 15-minute increments with the CG modifier and comments in the notes section to designate beneficiary need and type of CHW services rendered:

- 98960/1 patient
- 98961/2-4 patients
- 98962/5-8 patients

Certified CHWs must be associated with at least one Medicaid-enrolled billing provider that may be an employer or an organization the CHW is contracted with to perform services. Providers billing for CHW services must report the CHW as the rendering/servicing provider on the claim.

FEDERALLY QUALIFIED HEALTH CENTERS, RURAL HEALTH CENTERS, AND INDIAN HEALTH SERVICE FACILITIES

FQHCs, RHCs and IHS facilities are reimbursed according to the fee schedule separate from the PPS/all-inclusive rates.

HEALTH HOMES

A CHW can participate in both the FQHC Health Home care team and be employed by a FQHC or Health Home Partner. However, if Medicaid is billed for CHW services and the Health Home claims a core service in the same month, these services must be separate and distinct. CHW services must not duplicate monthly core services claimed by a Health Home.

Minnesota²

COVERED SERVICES

While Minnesota statute authorizes CHWs to provide care coordination and patient education services in Minnesota Medicaid, currently the only billable services provided by a CHW are diagnosis-related patient education services under the supervision of a physician, dentist, APRN, or certified public health nurse (PHN).

CHW QUALIFICATIONS

To qualify to offer services reimbursable under Medicaid, CHWs must:

- Have a valid certificate from the Minnesota State Colleges and Universities documenting completion of an approved CHW curriculum.
- Inform the Minnesota Department of Human Services of their affiliation with an approved supervising provider type by completing a required screening and enrollment process initially and once within every five years to maintain their enrollment.
- Have a NPI or Unique Minnesota Provider Identifier (UMPI).
- Enrolled CHWs are considered a non-pay-to provider but must be listed on the claim as the individual who rendered the CHW services.

REIMBURSEMENT

An eligible billing provider must submit claims for the rendering CHW's services under the following CPT® codes related self-management education and training, face-to-face:

- 98960/1 patient
- 98961/2–4 patients
- 98962/5–8 patients
- For groups with more than 8 patients, billing providers use 98962 with the U9 modifier

Reimbursement is limited to:

- Billing in 30-minute units.
- No more than 4 units per 24 hours per beneficiary.
- No more than 24 units per calendar month per beneficiary.

Eligible Billing Providers include:

- APRN
- Clinic
- Community health clinic
- Critical access hospital
- Dentist
- Family planning agency
- FQHC
- Hospital
- IHS facility
- Mental health professionals
- Physician
- Public health nurse clinic
- Rural health clinics
- Tribal health facility

² The original SPA was unable to be located to identify the Medicaid authority, effective date, and federal fiscal impact.

Providers bill the client's Medicaid managed care organization for the services provided by the CHW. Claims should include: the appropriate diagnosis; non-pay-to CHW's UMPI or NPI; and the UMPI or NPI of the provider who wrote the order and signed for the services, when applicable.

FEDERALLY QUALIFIED HEALTH CENTERS, RURAL HEALTH CENTERS, AND INDIAN HEALTH SERVICE FACILITIES

FQHCs and RHCs electronically bill for CHW services according to the FQHC MCO carve-out process in Minnesota.

Nevada

Beginning February 1, 2022, Nevada began reimbursing for CHWs to provide services in Medicaid.

MEDICAID AUTHORITY

Home Health Services: 42 CFR 440.70

Diagnostic, screening, preventive, and rehabilitative services: 42 CFR 440.130(d)

FEDERAL FISCAL IMPACT ESTIMATE UPON SUBMISSION

FFY 2022: \$(427,946)

FFY 2023: \$(1,079,144)

These estimates represent the full SPA impact and are not exclusive of CHWs.

COVERED SERVICES

CHWs may provide culturally and linguistically appropriate health education related to disease prevention and chronic disease management (according to current national guidelines, recommendations, and standards of care). CHW services can be provided individually or in a group within the home, community, or clinical setting.

CHW services must be related to disease prevention and chronic disease management and may include:

- Guidance in attaining health care services.
- Health education including for prevention or chronic disease self-management.
- Offer information on health and community resources and make referrals to appropriate health care services.
- Connect beneficiaries to preventive health services or community services.
- Provide education, including but not limited to, medication adherence, tobacco cessation, and nutrition.
- Promote health literacy.

CHWs must be supervised by a Nevada Medicaid enrolled physician, PA or APRN.

CHWs may not provide specified services including:

- Services that require a license.
- Transportation to an appointment.
- Employment support.
- Case management.
- Accompanying a beneficiary to an appointment.
- Child-care while the beneficiary has an appointment.
- Application assistance for social service programs.
- Peer support services.

CHW QUALIFICATIONS

The CHW must be certified by the Nevada Certification Board.

Prior to performing any services, the CHW must enter into a written Collaborative Supervision Agreement with a Nevada Medicaid enrolled Physician, APRN or PA who is in Nevada and/or within the neighboring states' catchment areas. Collaborative Supervision Agreements are signed by both the CHW and the supervising practitioner and includes both the CHW's and supervising practitioner's NPIs. Collaborative Supervision Agreements outline protocols related to ensuring sufficient time for supervision, role of supervisor, and compliance with HIPAA-compliant documentation requirements for billing and reimbursement.

Supervising practitioners must be in the same medical group or affiliate as the CHW. Collaborative agreements must be reviewed annually by the supervising practitioner and CHW. Practitioners are limited to entering into collaborative agreements with no more than 20 CHWs at a time.

REIMBURSEMENT

CHW services are limited to:

- Four units or two hours per day (30 minutes per unit) in a 24-hour period per beneficiary.
- 24 units or 12 hours per calendar month per beneficiary.

CHW services are reimbursed in 30-minute increments according to the following CPT® codes:

- 98960
- 98961
- 98962
- Q3104 (telehealth originating site fee)

CHWs services may not be reimbursed when provided under Behavioral Health Outpatient Treatment, Behavioral Health Rehabilitative Treatment, or Special Clinics, or Specialty 215 Substance Abuse Agency Model.

FEDERALLY QUALIFIED HEALTH CENTERS, RURAL HEALTH CENTERS, AND INDIAN HEALTH SERVICE FACILITIES

The state guidance is silent on whether and how FQHCs and RHCs can bill Medicaid for CHW services.

New Mexico

Beginning July 1, 2023, Nevada began reimbursing for CHWs to provide services in Medicaid.

MEDICAID AUTHORITY

Preventive Services: 42 CFR 440.60

FEDERAL FISCAL IMPACT ESTIMATE UPON SUBMISSION

FFY 2023: \$49,678

FFY 2024: \$198,713

COVERED SERVICES

CHWs may provide:

- System Navigation.
- Health Promotion and Coaching.
- Clinical support such as providing feedback to clinical providers or taking vital signs.

CHWs may not provide services such as:

- Community-level population health activities such as community outreach, organizing, or community advocacy.
- Transportation.
- Personal care or housekeeping.
- Duplicative care coordination activities such as health risk assessments.

CHW QUALIFICATIONS

The CHW must be credentialed through the New Mexico Department of Health either through past experience, training that meets specific core competencies, or credentialing through the Indian Health Service as a Community Health Representative. Over a three-year period, New Mexico will implement an organizational level certification for supervision and oversight of CHWs.

REIMBURSEMENT

CHW services are limited to eight hours per beneficiary per month.

CHW services are reimbursed in 30-minute increments according to the following CPT® codes:

- 98960
- 98961
- 98962

FEDERALLY QUALIFIED HEALTH CENTERS, RURAL HEALTH CENTERS, AND INDIAN HEALTH SERVICE FACILITIES

FQHCs and IHS facilities may bill for CHW services outside the PPS/all-inclusive rates according to the Medicaid fee schedule.

Oregon

Beginning August 1, 2012, Oregon began reimbursing for CHWs to provide services in Medicaid.

MEDICAID AUTHORITY

Medical or other remedial care provided by licensed practitioners: 42 CFR 440.60

FEDERAL FISCAL IMPACT ESTIMATE UPON SUBMISSION

FFY 2012: -\$36,636

FY 2013: -\$220,018

COVERED SERVICES

In 2012, Oregon added CHWs, Peer Wellness Specialists, Personal Health Navigators, and Doulas as a nontraditional health care worker to perform services within the scope of practice of the supervising practitioner included in the state plan. For CHWs, the supervising licensed health care professionals include physicians, certified nurse practitioners, PA, PhD Psychologists, PsyD psychologists, LCSW social workers, and licensed professional counselors.

Eligible services that can be provided by CHWs include:

- Self-care and self-management training.
- Counseling in prevention or risk factor reduction.
- Tobacco use cessation counseling.
- Alcohol or substance use screening.
- Home visits.
- Activity therapy related to the care and treatment of disabling mental health problems.

CHW QUALIFICATIONS

To be eligible to provide services reimbursable under Medicaid, CHWs must be certified and registered with the Oregon Health authority.

To be certified as a CHW, an individual must complete an approved training program (a work experience pathway expired June 30, 2021) and:

- Be at least 18 years old.
- Not be listed on the Medicaid provider exclusion list.
- Have successfully completed all training requirements for certification.
- Submit all required documentation and complete an application.
- Pass a criminal background check.
- Complete Oral Health training.

CHWs must complete 20 units of continuing education for recertification.

REIMBURSEMENT

The clinic or supervising medical provider bills for services provided by CHWs. However, CHWs must enroll as non-payable rendering providers and register with the Traditional Health Worker Registry, obtain a NPI, and enroll as an Oregon Medicaid provider. Oregon released a list of service codes that

CHWs may provide and are reimbursable under Oregon Medicaid, which are listed in the state billing guidance for CHWs.

FEDERALLY QUALIFIED HEALTH CENTERS, RURAL HEALTH CENTERS, AND INDIAN HEALTH SERVICE FACILITIES

The State billing guidance says the for FQHCs, RHCs and IHS facilities are reimbursed under an encounter rate, the CHW codes may be reimbursed under the encounter rate and not under the fee schedule.

Rhode Island

Beginning July 1, 2021, Rhode Island began reimbursing for CHWs to provide services in Medicaid.

MEDICAID AUTHORITY

Preventive Services: 42 CFR 440.130

FEDERAL FISCAL IMPACT ESTIMATE UPON SUBMISSION

FFY 2021: \$687,488

FFY 2022: \$2,648,317

COVERED SERVICES

The SPA defines CHW services as preventive health services. Covered CHW Services may be provided in a clinical or community setting and include:

- Health promotion and coaching including assessment and screening for health-related social needs; setting goals/action planning; providing information/coaching.
- Health education and training.
- Health system navigation and resource coordination services including assisting to access covered services and other relevant community resources.
- Care planning with interdisciplinary care team.

Services must be:

- Recommended by a licensed practitioner of the healing arts within their scope of practice under State law, which shall be documented in the practitioner's electronic health record or as a written statement given to the patient. Practitioners may establish standing orders for CHW services.
- Individuals must have one or more chronic health (including behavioral health) conditions, be at risk for a chronic health condition, and/or must face barriers meeting their health or health-related social needs.

CHW QUALIFICATIONS

To bill for CHW services in Medicaid, CHWs must:

- Be certified by the Rhode Island Certification Board as a CHW; or
- Have a plan toward obtaining certification within 18 months.

REIMBURSEMENT

- According to the SPA, bases of payment for CHW services will be 15-minute units of services for:
 - New individual beneficiaries using HCPCS code T1016.
 - Established individual beneficiaries using HCPCS code T1016-U3.
 - Groups of two or more beneficiaries using HCPCS code T1016-HQ.
- Rates, inclusive of travel time and outreach to new clients, will be increased by the New England Consumer Price Index annually.
- Services may be billed for direct contact, face-to-face, telehealth, or collateral services (services delivered on behalf of a beneficiary and not directly to or in the beneficiary's presence, but the beneficiary remains the focus of the service). Collateral services do not include time documenting a visit.

- Existing Medicaid providers (e.g. a medical practice or hospital) must also enroll as a CHW provider with Rhode Island Medicaid to bill for CHW services.
- CHWs may independently enroll as CHW providers in Rhode Island Medicaid and bill for CHW services.

FEDERALLY QUALIFIED HEALTH CENTERS, RURAL HEALTH CENTERS, AND INDIAN HEALTH SERVICE FACILITIES

Similar to other provider types, FQHCs, RHCs and IHS providers must separately enroll as a CHW Agency and are paid outside the PPS/all-inclusive rate at the CHW rate.

South Dakota

Beginning April 1, 2019, South Dakota began reimbursing for CHWs to provide services in Medicaid.

MEDICAID AUTHORITY

Preventive Services: 42 CFR 440.130

FEDERAL FISCAL IMPACT ESTIMATE UPON SUBMISSION

FFY 2019: \$257,200.62

FFY 2020: \$514,427.43

COVERED SERVICES

Services provided by CHWs are considered preventive and must be medically necessary, which includes prevention of disease, disability or other health condition, the progression of chronic health conditions for individuals with or at risk of a chronic health condition, or for individuals with a documented barrier to care. Identified barriers must be based on a risk assessment or prior health care experiences with the individual.

Covered services CHWs may provide include:

- Health system navigation and resource coordination.
- Health promotion and coaching.
- Health education and training according to established or recognized healthcare standards.

CHW services must be:

- Ordered by a physician, PA, nurse practitioner, certified nurse midwife or dentist with whom the recipient has had a face-to-face or telemedicine visit within the last 90 days.
- Related to a medical intervention.
- Delivered according to a CHW services plan written by the ordering provider or by a qualified healthcare professional supervised by the ordering provider and finalized prior to rendering CHW services. Orders for CHW services plan may not exceed one year. CHW service plans must be reviewed at least semiannually.

CHW services can be provided:

- In group or individual settings. Group services may take place in a meeting room of a medical setting. Groups may not be larger than 8 individuals.
- Face-to-face, via telemedicine, or via two-way audio-only when recipients do not have access to audio/visual telemedicine technology.

Up to five units of individual services may be performed in a clinic setting per year, after which services must be performed in a home and community setting. A CHW may attend a medical appointment with a beneficiary.

Non-Covered Services.

Non-covered services that may not be billed to Medicaid include helping to enroll in government programs, case management, and chore services. CHW services must not duplicate health home services.

DOCUMENTATION.

CHWs must document:

- Type of service performed and whether it was group vs. individual.
- Summary of services including to which objectives in care plan the service is related.
- Recipient receiving services.
- Number of group members, if applicable.
- Date, location, and beginning and end time of service.
- Name of individual providing the service.
- Include the CHW signature.

PROVIDER ENROLLMENT /REQUIREMENTS

An agency providing CHW services (CHW agency) is required to be enrolled with South Dakota Medicaid to be reimbursed for CHW services. CHW agencies must complete a supplemental provider agreement addendum and submit their written policies and procedures which must include staff orientation policy (prior to entering a client's home unsupervised). South Dakota Medicaid does not enroll individual CHWs. CHWs must be employed and supervised by an enrolled CHW agency.

CHW QUALIFICATIONS

CHWs must be:

- Certified by the CHW Collaborative of South Dakota.
- Employed and supervised by a CHW agency that is enrolled with South Dakota Medicaid.

REIMBURSEMENT

South Dakota will reimburse CHW agencies for CHWs to perform approved services using the identified CPT® codes:

- 98960 (self-management education and training, 1 patient, 30 minutes).
- 98961 (self-management education and training, 2-4 patients, 30 minutes).
- 98962 (self-management education and training, 5-8 patients, 30 minutes).

In addition, the following applies to reimbursement:

- At least 16 minutes of service must be provided for a service to be billable.
- No more than four units are billable on a single date of service per beneficiary.
- No more than 104 units per year may be billed per beneficiary.
- Services will be reimbursed at the lesser of the provider's rate or CHW fee schedule.

FEDERALLY QUALIFIED HEALTH CENTERS, RURAL HEALTH CENTERS, AND INDIAN HEALTH SERVICE FACILITIES

FQHCs can enroll as CHW providers and bill for CHW services under that separate CHW provider ID and bill at the FFS rate similar to other providers. FQHCs are not precluded from billing the PPS rate for a non-CHW visit on the same day as a CHW service.

Sources

The content in this brief was taken directly from the sources below.

ARIZONA

[Approved Arizona SPA](#)

[Arizona Department of Health Services Certification Updates June 2023](#)

[Arizona Medicaid CHW/CHR FAQs](#)

[Arizona FFS Billing Manual](#)

CALIFORNIA

[California Approved SPA](#)

[California Medicaid September 2023 All Plan Letter](#)

[California Medicaid CHW Manual](#)

CALIFORNIA HEALTH CARE FOUNDATION

[California Health Care Foundation CHW Medicaid SPA summary](#)

INDIANA

[Approved Indiana SPA](#)

[May 2018 Indiana Medicaid Provider Bulletin](#)

KANSAS

[Approved Kansas SPA](#)

[July 2023 Provider Bulletin](#)

[December 2023 Provider Bulletin](#)

KENTUCKY

[Kentucky Approved SPA](#)

[Kentucky Medicaid June 2023 CHW FAQs](#)

LOUISIANA

[Approved Louisiana SPA](#)

[May 2022 Louisiana Department of Health Response Packet to CMS](#)

[Louisiana MCO CHW Manual](#)

[July 2022 Louisiana Department of Health Informational Bulletin](#)

[July 2022 Louisiana Healthcare Connections Provider Notice](#)

MICHIGAN

[Approved Michigan SPA](#)

[Final Medicaid Bulletin](#)

[Medicaid CHW Beginner Guide](#)

[Alternative Benefit Plan SPA](#)

MINNESOTA

Due to the inability to locate the original state plan amendment that integrated CHWs into the Minnesota Medicaid program, all information related to Minnesota's Medicaid reimbursement for CHW services was obtained on the following Minnesota websites:

[Minnesota Provider Manual for CHWs](#)

[Minnesota Department of Health CHW Toolkit](#)

[Minnesota Department of Human Services CHWs](#)

NEVADA

[Approved Nevada SPA](#)

[Nevada Alternative Benefit Plan SPA](#)

[NASHP-State Approaches to CHW Financing Through SPAs](#)

[Nevada CHW Billing Guidelines](#)

[Nevada CHW Provider Enrollment Checklist](#)

[Nevada Medicaid Services Manual Changes](#)

NEW MEXICO

[New Mexico Approved SPA](#)

[NASHP State Tracker-New Mexico](#)

OREGON

[September 2012 SPA Approval](#)

[MACPAC-Medicaid Coverage of CHW Services](#)

[July 2017 SPA Approval](#)

[Oregon Traditional Health Worker Certification Requirements](#)

[Oregon Reimbursement Guide for CHWs](#)

RHODE ISLAND

[Rhode Island Approved SPA](#)

[Rhode Island Department of Health Medicaid Enrollment and Reimbursement for CHWs](#)

[Rhode Island Medicaid CHW Manual](#)

[Rhode Island Medicaid October 2023 Provider Enrollment Presentation](#)

[Rhode Island Office of Health and Human Services: October 2023 CHW Training Session](#)

[Rhode Island Office of Health and Human Services CHW FAQs January 2024](#)

SOUTH DAKOTA

[South Dakota Approved SPA](#)

[South Dakota Medicaid Billing and Policy Manual: CHWs](#)

[South Dakota Medicaid Billing and Policy Manual: FQHCs and RHCs](#)

[South Dakota Medicaid and Billing Policy Manual: IHS and Tribal 638 Facilities](#)