CHW Medicaid Reimbursement Webinar

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Presented to:

CHW Advocacy Coalition

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Introduction

- Welcome
- Introduction of speakers
- Context: Medicaid Reimbursement for CHWs Advocacy initiative
- Goal of this effort: Enhance CHW sustainability through Medicaid reimbursement

What we will cover today

Update: What is happening now Connecticut?

History: How did we get here?

Medicaid 101: What can state Medicaid programs pay for and how?

National Scan: How do other states pay for CHW services through Medicaid?

Discussion: What are your questions and comments?

Next steps: What other activities can you participate in?

What is happening now?

Update

Update: Certification

- Public Act 19-117 created a voluntary CHW certification program (2019)
- Legislation includes creation of CHW Advisory Body
- CHW Certification began in 2020
- As of February 2025, over 500 CHWs are Certified
- Although voluntary, certification will be required for Medicaid reimbursement

Update: Public Act 23-186

- Legislation directed DSS to design and implement a program to provide Medicaid reimbursement to certified CHWs
- Working group provided input to DSS in 2024
- Commissioner of Social Services to submit an annual report on January 1 to the joint standing committee of the Connecticut General Assembly

Update: CHW Advocacy

Ongoing advocacy efforts through various groups and organizations, e.g. Health Equity Solutions, CT Association of CHWs

Connecticut Health Foundation CHW Advocacy grantees collaborating:

- Community Health Center Association of Connecticut, Inc.
- Connecticut Association for Community Action, Inc.
- Southwestern AHEC, Inc.

How did we get here?

History

History of efforts to formalize the CHW role

Year	Milestone
1999	CHW Advisory Group recommended conducting a survey of CHWs and their employers
2000	CT AHEC conducted the first statewide survey of CT CHWs and their employers
2012	CT CHW Association began forming
2015	CT received a 4-year federal State Innovation Model (SIM) grant that included a CHW planning component
2016	SIM CHW Advisory Committee was established and charged with developing policies to promote the CHW workforce
2016	CT CHW Association became a section of the CT Public Health Association
2017	SIM CHW Advisory Committee submitted its first report to the legislature, recommending a CHW definition, CHW scope of practice and establishing a voluntary CHW certification program*
2017	Public Act 17-74 established a CT CHW definition and CHW scope of practice and required a feasibility study of certification

* Connecticut State Innovation Model Community Health Worker Advisory Committee. *Report of the Community Health Worker Advisory Committee*. Feb 8, 2018. http://www.healthreform.ct.gov/ohri/lib/ohri/work_groups/chw/chw_white_paper_20170706_final.pdf. Accessed 2/6/25.

History of efforts to formalize the CHW role

Year	Milestone
2018	SIM CHW Advisory Committee submitted its second report to the legislature, recommending requirements for voluntary CHW certification, methods for administering a certification program, and requirements for training programs*
2019	Public Act 19-117 created a voluntary CHW certification program
2019	CHW Advisory Body was established to advise state agencies on CHW training and certification
2020	CHW certification began
2020	State directed federal COVID-19 funds for CHWs to provide home visiting for young children
2021	State budget included federal funds for CHWs at community action agencies
2023	Public Act 23-186 directed DSS to "design and implement a program to provide Medicaid reimbursement to certified community health workers for services provided to HUSKY Health program members" but did not allocate funding
2024	CHW Working Group provided consultation to DSS on the design and implementation of a certified CHW reimbursement program

* Connecticut State Innovation Model Community Health Worker Advisory Committee. Report to the Legislature on Community Health Worker Certification. Sept. 25, 2018. https://portal.ct.gov/-/media/ohs/sim/chw-advisory-committee/resources/chw_legislative_report_2018_final_20180925.pdf . Accessed 2/6/25.

What can state Medicaid programs pay for and how?

Medicaid 101

Medicaid 101

What is Medicaid?

- Joint federal and state program (distinct roles and shared responsibilities)
- Provides healthcare coverage to low-income individuals and families
- Medicaid is the largest source of health coverage in the U.S., covering over 80 million people.
- Wide range of services covered, regardless of age
- Each state must submit a State Plan for Medicaid, which must be approved by the federal government
- A State may also request a Waiver from federal rules
- Connecticut's program is known as HUSKY Health, managed by DSS

Medicaid 101: Funding

Medicaid is funded jointly by the federal and state governments:

- **Federal Funding:** The federal government provides a portion of funding based on a state's per capita income. This is called the Federal Medical Assistance Percentage (FMAP).
- **State Funding:** States contribute their share and have flexibility in designing their programs within federal guidelines.
- Reimbursement made through **fee-for-service (FFS)**, **managed care organizations (MCOs)** and/or **incentive payments.**

Medicaid 101: Federal Responsibilities

Funding

- Federal Medical Assistance Percentage (FMAP)
- Based on per capita income

Setting Broad Guidelines

- Mandatory eligibility groups and benefits, minimum standards

Oversight & Compliance

- Centers for Medicare & Medicaid Services (CMS) under Health & Human Services (HHS) reviews and approves state proposals

Data & Reporting Requirements

- States must report enrollment data, spending, and other metrics to the federal government.

Medicaid 101: State Responsibilities (1 of 2)

1. Program Administration
    - Design and operate their Medicaid program; day-to-day administration
2. Determining Eligibility Beyond Federal Minimums
    - Can expand eligibility & set income thresholds
3. Designing Benefits
4. Option to provide additional services
    - Decide on scope, duration and amount of services

Medicaid 101: State Responsibilities (2 of 2)

5. Payment Rates & Provider Contracts
    - Set reimbursement rates
    - Decide whether to use fee-for-service (FFS) or Managed Care Organizations MCOs) to deliver services

6. Waivers & Innovation

- Apply for waivers from standard rules (operate under specified alternative rules):
    - Popular waiver opportunities (alternative rule sets) include **Section 1115 waivers** (for experimental or pilot projects) and **1915(c) waivers** (for home and community-based services).

7. Cost-Sharing & Premiums
    - Flexibility to impose **premiums**, **co-pays**, or other cost-sharing

Medicaid 101: Shared Responsibilities

- Funding & Budgeting
- Quality & Program Integrity
- Responding to Public Health Crises

Medicaid 101: Medicaid State Plan

A Medicaid State Plan is a formal agreement between a state and the federal government (Centers for Medicare & Medicaid Services, or CMS) outlining how the state will administer its Medicaid program. It serves as the blueprint for Medicaid operations within the state.

Details Included:

- Eligibility criteria (who qualifies)
- Services covered (mandatory and optional)
- Payment methods for providers
- Administrative processes (enrollment, appeals)
- Quality control measures

Medicaid 101: Medicaid State Plan Amendments (SPAs)

A **State Plan Amendment (SPA)** is a formal process through which states request to **modify** aspects of their Medicaid programs within the existing federal framework. SPAs allow states to **update or adjust** their Medicaid plans without needing a waiver for broader flexibility.

Why Use SPAs?

- **To Expand Eligibility:** E.g., increasing income thresholds for certain groups.
- **To Add or Remove Services:** E.g., adding adult dental coverage or telehealth services.
- **To Adjust Payment Rates:** E.g., increasing reimbursement rates for primary care providers.
- **To Implement New Delivery Models:** E.g., integrating managed care into more regions of the state.

Medicaid 101: Medicaid Waivers

Medicaid Waivers provide opportunities for states to **experiment** with or **customize** their Medicaid programs under alternative and more flexible federal requirements. The waiver process allows states to request approval from CMS to **test new models of care**, adjust eligibility, or deliver services in innovative ways.

Medicaid 101: Flexibility and Variation Among States

- **Eligibility criteria** (income levels, optional groups)
- **Covered services** (especially optional benefits)
- **Payment rates** to providers
- Use of **managed care** vs. fee-for-service models
- **Innovative models** through waivers

Medicaid 101: Required Populations

A. Populations:

Federal law requires Medicaid programs to cover specific **mandatory eligibility groups**, including:

Low-Income Families (as defined by the state's AFDC program as of 1996)

Pregnant Women with incomes up to **133% of the Federal Poverty Level (FPL)**

Infants and Children under age 19 in families with income up to **138% of the FPL**

Individuals Receiving Supplemental Security Income (SSI) (e.g., people who are elderly or disabled with low income)

Certain Low-Income Seniors who qualify for both Medicare and Medicaid (**dual-eligibles**)

Children in Foster Care or **Adoptive Assistance Programs**

Medicaid 101: Required Services

B. Services

Federal rules mandate coverage of specific **mandatory benefits** to ensure basic healthcare access:

Hospital Inpatient & Outpatient Services

Physician and Clinical Services, Lab & Xray

Prenatal and Maternity Care Services

Screening, Diagnosis and Treatment (for children under 21)

Nursing Facility Services (for adults 21+)

Home Health Services (for those eligible for nursing facility care)

Family Planning Services and Supplies

Tobacco Cessation Programs (for pregnant women)

Pediatric and Family Nurse Practitioner

Federally Qualified Health Centers and Rural Health Clinic

Medicaid 101: Required Approaches

C. Approaches

Non-Discrimination: Services must be provided without discrimination based on age, disability, or race.

Freedom of Choice: Beneficiaries can generally choose their healthcare providers, although managed care models can limit provider networks.

Statewideness: Medicaid programs must be available **statewide** unless waivers are granted.

Comparability: Services must be comparable across eligible groups (e.g., you can't offer dental to children but not to adults unless it's an optional benefit).

Medicaid 101: Optional Populations

A. Populations

States have the flexibility to expand coverage to **optional groups** beyond federal minimums:

Low-Income Adults Without Dependent Children (allowed under the ACA Medicaid Expansion up to 138% FPL)

Medically Needy Individuals: Those whose income is too high for standard Medicaid but who incur significant medical expenses that lower their effective income.

Undocumented Immigrants for Emergency Services: Non-citizens may qualify for emergency Medicaid services.

Working Individuals with Disabilities: Some states offer buy-in programs for people with disabilities who work and have incomes above standard thresholds.

Individuals in Hospice Care or Receiving Home and Community-Based Services (HCBS) waivers.

Medicaid 101: Optional Services

B. Services

States have the option to provide **additional services** beyond the mandatory list:

Prescription Drugs (Almost all states cover)

Dental Care (Many states cover for children under EPSDT, but adult dental varies widely)

Vision Care (Eyeglasses, eye exams)

Hearing Services (Including hearing aids)

Physical, Occupational, and Speech Therapy

Chiropractic Services

Prosthetics and Orthotics

Personal Care Services (Assistance with daily activities like bathing or dressing)

Home and Community-Based Services (HCBS) (e.g., in-home care, respite care)

Non-Emergency Medical Transportation (NEMT) (to and from medical appointments)

Medicaid 101: Optional Approaches

C. Approaches

States may request to implement **innovative models** and adjust service delivery through waivers:

Managed Care: States may contract with **Managed Care Organizations (MCOs)** to deliver services instead of using fee-for-service models.

Section 1115 Waivers: For experimental or pilot programs, like introducing work requirements or integrating social determinants of health into care delivery.

Cost-Sharing and Premiums: States may impose **premiums** or **co-pays** for higher-income populations, like those covered under CHIP or Medicaid expansion.

Alternative Payment Models: Using value-based care instead of traditional fee-for-service reimbursement.

Medicaid 101: Prohibited Populations

A. Populations

States **cannot** use Medicaid funds for services that fall outside federal guidelines, such as:

Incarcerated Individuals: Medicaid does not cover inmates of public institutions, except when hospitalized outside of prison or jail or through targeted reentry waivers.

Undocumented Immigrants: Cannot receive full Medicaid coverage but may qualify for **emergency Medicaid** (e.g., emergency labor and delivery).

Certain Non-Citizens: Legal immigrants may face waiting periods (e.g., a **5-year bar** for many recent lawful permanent residents).

Medicaid 101: Prohibited Services

B. Services

States **cannot** use Medicaid funds for services that fall outside federal guidelines, such as:

Elective Cosmetic Surgery (e.g., plastic surgery for aesthetic purposes)

Services Provided by Non-Qualified Providers (e.g., unlicensed practitioners)

Experimental or Unapproved Medical Procedures not recognized by the FDA or standard medical practice.

Over-the-Counter Drugs not prescribed by a physician (unless explicitly covered under optional services).

Institutional Care in Non-Medical Facilities (e.g., room and board in assisted living facilities unless covered under a waiver).

Medicaid 101: Prohibited Approaches

C. Approaches ** States **Cannot** Use:**

Discrimination in Service Delivery: Medicaid programs cannot restrict services based on race, gender, or disability.

Excessive Cost-Sharing: States are limited in how much they can charge Medicaid beneficiaries, especially for **mandatory services**.

Limiting Emergency Services: States cannot restrict access to emergency services, even for populations that otherwise might not be fully eligible for Medicaid (e.g., undocumented immigrants).

Medicaid 101: HUSKY Health

HUSKY A: Covers low-income children, parents, relative caregivers, and pregnant women.

HUSKY B: Also known as the Children's Health Insurance Program (CHIP), it provides coverage for children and teens up to age 19 whose family incomes are above the Medicaid limit.

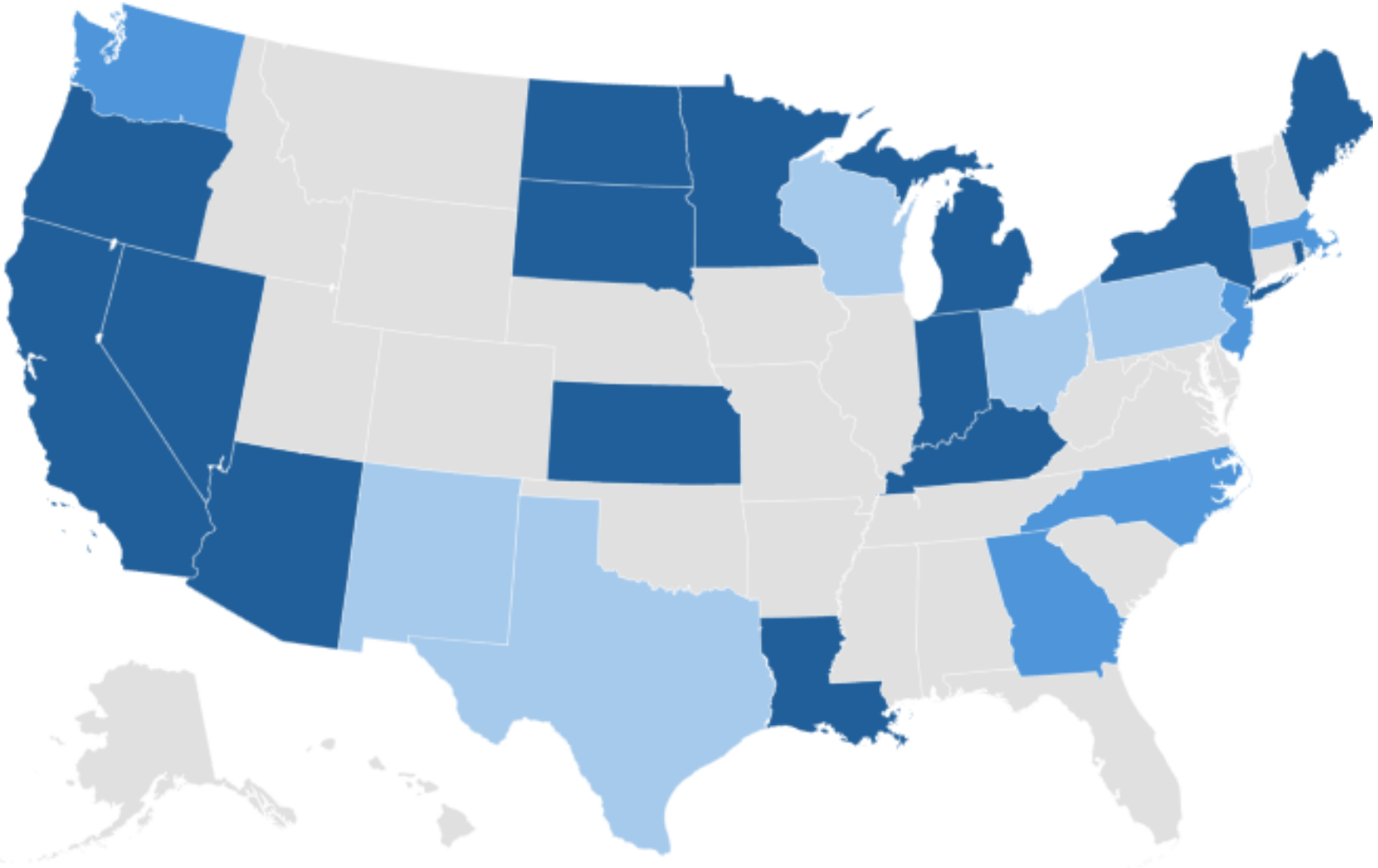
HUSKY C: Serves adults aged 65 and older and individuals with disabilities, including those requiring long-term services and supports.

HUSKY D: Offers coverage to low-income adults without dependent children.

How do other states pay for CHW services through Medicaid?

National Scan

State Medicaid Coverage of CHW Services (25 states)



- State Plan Amendment authorizes coverage of CHW Services (15 states)
- 1115 Demonstration Waiver authorizes coverage of CHW Services (5 states)
- State Medicaid program encourages or requires MCOs to cover CHW services

Source: State Community Health Worker Policies. State Tracker 1-11-24. National Academy for State Health Policy. https://nashp.org/state-tracker/state-community-health-worker-policies/. Accessed 2-13-25.

Twelve states pay fee-for-service rates for CHW services … using twelve different processes

	Payment Type		Licensed Clinician must:			Billing Entity	
State	Medicaid pays FFS rates	Medicaid also pays through MCO or incentive payments	Recommend	Order	Supervise	CHW or CHW agency can bill directly	Only supervising health care provider can bill
California	√		√		√	√	
Indiana	√				√		√
Kansas	√				√		√
Kentucky	√	√				√	
Louisiana	√	√		√	√		√
Michigan	√		√			√	
Minnesota	√			√	√		√
Nevada	√			√	√	√	
New York	√	√			√		√
Oregon	√	√		√	√		√
Rhode Island	√		√			√	
South Dakota	√			√		√	
# of States	12	3	3	5	7	6	6

Gyurina C, Victoriano L. Environmental Scan on Community Health Workers: A 50-State Scan of Medicaid Reimbursement Approaches for the CHW Workforce. Connecticut Health Foundation. Jan 2024. https://www.cthealth.org/wp-content/uploads/2024/01/CHW-Medicaid-Policies-and-Reimbursement-Approaches-by-State.pdf. Accessed 2/13/25.

Rhode Island: Rates and Billing

Rates and Billing

Fee for service rates: RI uses T1016 Case Management codes for 15-minute units of service provided to each patient (Rates effective 7/1/24)

Code	Service	Rate/15 min	Rate/30 min
T1016	Established Patient	$12.71	$25.42
T1016-U3	New Patient	$16.53	$33.06
T1016-HQ	Patient in Group Setting	$4.66	$9.32

Provider qualifications: CHWs must be certified in RI or have a plan to become certified within 18 months

Billing entity: Health care organizations, community-based organizations, and individual CHWs can enroll as a CHW Provider and submit claims for CHW services

Sources:
RI Medicaid CHW Enrollment and Billing Training. https://eohhs.ri.gov/sites/g/files/xkgbur226/files/2024-08/Community%20Health%20Workers.pdf. Accessed 2/6/25.
RI Medicaid CHW Provider Manual. January, 2025. Version 2.9. https://eohhs.ri.gov/sites/g/files/xkgbur226/files/2025-01/CHW%20Manual%20updated%201.22.25.pdf. Accessed 2/6/25.

Rhode Island: Client Eligibility

Client Eligibility for CHW services

Medicaid members who meet one or more criteria, such as:

Have or at risk for **chronic physical and behavioral health conditions**

Unmet **health related social needs** (HRSNs)

Utilization: Emergency department visit(s); hospital or detox facility stay(s); two or more missed medical appointments

Client/patient **expressed need** for navigation/coordination support

Recommendation: A licensed care professional must recommend in writing that a patient receive CHW services. Licensed care professionals include physicians, nurses, social workers, counselors, midwives, pharmacists, etc.

Source: RI Medicaid CHW Provider Manual. January, 2025. Version 2.9. https://eohhs.ri.gov/sites/g/files/xkgbur226/files/2025-01/CHW%20Manual%20updated%201.22.25.pdf. Accessed 2/6/25.

Rhode Island: Services and Settings

Covered services and settings

Covered services

- **Health promotion and coaching**
- **Health education and training**
- **Health system navigation** and resource coordination
- **Care planning** and discussion with a patient's interdisciplinary care team
- **Intake**
- **Collateral services** (researching available services and providers, making appointments, arranging travel)

Settings

- Medical clinic
- Community setting
- Patient/client home

Source: RI Medicaid CHW Provider Manual. January, 2025. Version 2.9. https://eohhs.ri.gov/sites/g/files/xkgbur226/files/2025-01/CHW%20Manual%20updated%201.22.25.pdf. Accessed 2/6/25.

New York: Rates and Billing

Rates and Billing

Fee for service rates: NY uses patient education and training codes for 30-minute units of service provided to each patient, up to a maximum of 12 units/adult and 24 units/child per year (Rates effective 10/1/24)

Code	Service	Rate/30 min
98960-U1,U3	Individual patient	$35.00
98961-U1,U3	Group: 2-4 patients	$16.45
98962-U1,U3	Group: 5-8 patients	$12.25

Provider qualifications: CHWs must have completed 20-hour core competency training or have 1400 hours experience, plus HIPAA training

Supervision and billing: CHWs must be supervised by a Medicaid-enrolled entity (licensed clinic, FQHC, physician, NP, social worker, counselor); the supervising entity submits claims for CHW services

Source: Community Health Worker Services Policy Manual, eMedNY New York State Medicaid Provider Policy Manual. vIII. October, 2024. https://www.emedny.org/ProviderManuals/CommunityHealth/PDFS/CHW_Policy_Manual.pdf. Accessed 2/7/25.

New York: Client Eligibility

Client Eligibility for CHW services

Medicaid members who do not receive care coordination through another NY Medicaid program and are:

Children under age 21

Pregnant people and up to 12 months after pregnancy

Adults with **chronic conditions**

Individuals with **justice system involvement** within past 12 months

Individuals with unmet **health-related social needs**

Individuals exposed to or at risk of **community violence**

Recommendation: A licensed care professional must recommend in writing that a patient receive CHW services. Licensed care professionals include clinics, FQHCs, physicians, NPs, social workers, and counselors

Source: Community Health Worker Services Policy Manual, eMedNY New York State Medicaid Provider Policy Manual. vIII. October, 2024. https://www.emedny.org/ProviderManuals/CommunityHealth/PDFS/CHW_Policy_Manual.pdf. Accessed 2/7/25.

New York: Services and Settings

Covered services and settings

Covered services

- **Health advocacy**
- **Health education and training**
- **Health system navigation** and resource coordination
- **Community violence prevention** (CHWs who provide this service must have additional training and experience)

Settings

All services must be provided **face to face** with the client/patient in a **medical clinic or via telehealth**

Source: Community Health Worker Services Policy Manual, eMedNY New York State Medicaid Provider Policy Manual. vIII. October, 2024. https://www.emedny.org/ProviderManuals/CommunityHealth/PDFS/CHW_Policy_Manual.pdf. Accessed 2/7/25.

South Dakota: Rates and Billing

Rates and Billing

Fee for service rates: SD uses patient education and training codes for 30-minute units of service provided to each patient, up to a maximum of 104 units per year (Rates effective 7/1/24)

Code	Service	Rate/30 min
98960	Individual patient	$33.73
98961	Group: 2-4 patients	$16.87
98962	Group: 5-8 patients	$11.80

Provider qualifications: CHW certification or tribal Community Health Representative certification

Billing: Health care organizations and community-based organizations can enroll as a CHW Agency and submit claims for CHW services

Sources:
South Dakota Medicaid Community Health Worker Services Fee Schedule Effective July 1, 2024. https://dss.sd.gov/docs/medicaid/providers/feeschedules/Other_Services/Community_Health_Worker_Agencies_SFY25.pdf. Accessed 2/7/25.
South Dakota Medicaid Billing and Policy Manual, Community Health Worker Services. Updated January 2025. https://dss.sd.gov/docs/medicaid/providers/billingmanuals/Professional/Community_Health_Worker_Services.pdf. Accessed 2/7/25.

South Dakota: Client Eligibility

Client Eligibility for CHW services

Medicaid members who

Have or are at risk for a **chronic physical or behavioral health condition**, or **high-risk pregnancy**, or use of **6 or more medications**; OR

Have a documented **barrier affecting the individual's health** (geographic barrier, lack of phone, cultural/language communication barriers, SDOH)

Order and Referral: A licensed care professional must order CHW services and complete a detailed **referral form**. Licensed care professionals include a physician, physician assistant, nurse practitioner, certified nurse midwife, dentist, or substance use disorder agency with whom the patient has had an in-person or telehealth visit in the last 90 days

Sources:
South Dakota Medicaid Billing and Policy Manual, Community Health Worker Services. Updated January 2025. https://dss.sd.gov/docs/medicaid/providers/billingmanuals/Professional/Community_Health_Worker_Services.pdf. Accessed 2/7/25.
CHW/CHR Provider Referral and Service Plan Content. Updated 12/1/23. https://chwsd.org/wp-content/uploads/2023/12/CHW-Referral-and-Service-Plan-Content-Requirements-2023.12.04.pdf. Accessed 2/7/25.

South Dakota: Services and Settings

Covered services and settings

Covered services

- **Health promotion and coaching**
- **Health education and training**
- **Health system navigation** and resource coordination
- Targeted Case Management for **Justice Involved Youth**

Settings

- CHW services should be provided in a **home, community**, or other appropriate non-institutional setting or via telehealth

Source: South Dakota Medicaid Billing and Policy Manual, Community Health Worker Services. Updated January 2025. https://dss.sd.gov/docs/medicaid/providers/billingmanuals/Professional/Community_Health_Worker_Services.pdf. Accessed 2/7/25.

Discussion: Q&A and Comments

Next Steps

Next Steps

Invite others to join the CHW Advocacy Coalition

Attend additional in-person advocacy learning sessions to gain knowledge and skills for:

- Tracking policy and legislative developments and progress
- Taking advantage of opportunities to voice your views
- Providing compelling testimony
- Spreading the word through social media

Participate in our CHW Advocacy Summit

Engage legislators at the Capitol on CHW Advocacy Day