MEDICAID POLICY INFORMATION SHEET

Policy Analyst: Elizabeth Pitts

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Initial ☐ Public Comment ☒ Final ☐

Brief description of policy:

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. Hereafter, the term CHW will be used to represent both CHW and CHR terminology. CHW services focus on preventing disease, disability, and other chronic health conditions or their progression, and promoting physical and mental health.

Reason for policy (problem being addressed):

The purpose of this policy is to establish coverage criteria for CHW services as a component of Medicaid services effective for dates of service on and after October 1, 2023. CHW services are provided as preventive services pursuant to 42 CFR Section 440.130(c).

Budget implication:

☐ budget neutral
☒ will cost MDHHS $ 6.16 million total for FFS only. Managed care costs to be determined, and is budgeted in current appropriation.
☐ will save MDHHS $

Is this policy change mandated per federal requirements?

No.

Does policy have operational implications on other parts of MDHHS?

Yes - Claims.

Does policy have operational implications on other departments?

No.

Summary of input:

☐ controversial (Explain)
☒ acceptable to most/all groups
☐ limited public interest/comment

Supporting Documentation:

State Plan Amendment Required: ☒ Yes ☐ No If Yes, please provide status: ☐ Approved ☒ Pending ☐ Denied Date: Approval Date:	Public Notice Required: ☒ Yes ☐ No If yes, Submission Date:

DRAFT FOR PUBLIC COMMENT **Michigan Department of Health and Human Services**		
	Project Number: 2332-CHW	**Date:** July 14, 2023

Comments Due: August 18, 2023
Proposed Effective Date: October 1, 2023
Direct Comments To: Elizabeth Pitts
Address:
E-Mail Address: pittse@michigan.gov
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Policy Subject: Medicaid Coverage of Community Health Worker (CHW)/Community Health Representative (CHR) Services

Affected Programs: Medicaid, Healthy Michigan Plan, MI Health Link, MIChild, Maternity Outpatient Medical Services Program

Distribution: Medicaid Health Plans (MHPs), Dental Health Plans (DHPs), Integrated Care Organizations (ICOs), Practitioners, Hospitals, Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs), Tribal Health Centers (THCs), Local Health Departments (LHDs), Maternal Infant Health Program (MIHP) Providers, Prepaid Inpatient Health Plan (PIHP), Dentists

Summary: 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. Hereafter, the term CHW will be used to represent both CHW and CHR terminology. CHW services focus on preventing disease, disability, and other chronic health conditions or their progression, and promoting physical and mental health.

Purpose: The purpose of this policy is to establish coverage criteria for CHW services as a component of Medicaid services effective for dates of service on and after October 1, 2023. CHW services are provided as preventive services pursuant to 42 CFR Section 440.130(c).

Cost Implications: $6.16 million total for FFS only. Managed care costs to be determined.

Potential Hearings & Appeal Issues: N/A

State Plan Amendment Required: Yes ☒ **No** ☐	**Public Notice Required: Yes** ☒ **No** ☐
Tribal Notification: Yes ☒ **No** ☐ - Date: March 8, 2023	

THIS SECTION COMPLETED BY RECEIVER

☐ **Approved**	☐ **No Comments**
	☐ **See Comments Below**
☐ **Disapproved**	☐ **See Comments in Text**

Signature:	**Phone Number**
Signature Printed:	
Bureau/Administration *(please print)*	**Date**

Proposed Policy Draft

Michigan Department of Health and Human Services
Behavioral & Physical Health and Aging Services Administration

Distribution: Medicaid Health Plans (MHPs), Dental Health Plans (DHPs), Integrated Care Organizations (ICOs), Practitioners, Hospitals, Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs), Tribal Health Centers (THCs), Local Health Departments (LHDs), Maternal Infant Health Program (MIHP) Providers, Prepaid Inpatient Health Plans (PIHP), Dentists

Issued: September 1, 2023 (Proposed)

Subject: Medicaid Coverage of Community Health Worker (CHW)/Community Health Representative (CHR) Services

Effective: October 1, 2023 (Proposed)

Programs Affected: Medicaid, Healthy Michigan Plan, MI Health Link, MIChild, Maternity Outpatient Medical Services Program

Note: Implementation of this policy is contingent upon approval of a State Plan Amendment by the Centers for Medicare & Medicaid Services.

This policy applies to Medicaid Fee-for-Service (FFS). Medicaid Health Plans (MHPs) and Integrated Care Organizations (ICOs) must provide the full range of covered services described in this policy at a minimum and may choose to provide services over and above those specified. MHPs and ICOs may develop prior authorization (PA) requirements and review criteria that differ from Medicaid requirements. For beneficiaries enrolled in an MHP or ICO, the provider must check with the beneficiary's health plan for PA requirements.

The purpose of this policy is to establish coverage criteria for community health worker (CHW) services as a component of Medicaid services effective for dates of service on and after October 1, 2023. Community Health Worker services are provided as preventive services pursuant to 42 CFR Section 440.130(c).

General Information

A CHW/Community Health Representative (CHR) is a non-licensed public health provider who facilitates access to needed health and social services for beneficiaries. Hereafter, the term CHW will be used to represent both CHW and CHR terminology. CHW services focus on preventing disease, disability, and other chronic health conditions or their progression, and promoting physical and mental health.

Beneficiary Need

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 the CHW services include but are not limited to:

- Diagnosis of one or more chronic health conditions including behavioral health;
- Unmet health-related social need; or
- 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 receives 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.

Covered Services

CHW services must be provided face-to-face. (Refer to bulletin MMP 23-10 for clarification on the definition of "face-to-face").

CHW services available to beneficiaries include, but are not limited to the following:

Care Coordination and System Navigation

Care coordination is the organization of activities between participants responsible for different aspects of a beneficiary's care designed to facilitate delivery of appropriate services across all elements of the broader health care system. It includes 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.

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 Promotion and Education

Health education to promote the beneficiary's health or address barriers to physical and mental health care, including providing information or instruction on health topics. The content of health education must be consistent with established or recognized health care 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.

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
- 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)

Documentation of Services

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 healthcare 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. (Refer to the Record Keeping section within the General Information for Providers chapter of the MDHHS Medicaid Provider Manual for more information.)

CHW Qualifications Criteria

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

1. Must be 18 years of age or older;
2. Possess at least a high school diploma or high school equivalency diploma/certification;
3. Have completed a skills-based Community Health Worker training program or curriculum as evidenced through documentation of one or more of the following:
   a. Completing a CHW training program, including core competencies, provided by an accredited college.

   b. Completing a CHW training program, including core competencies, provided by an organization or CHW training entity.
   c. Completing a CHR National Training Program delivered through the Indian Health Service.
4. Have completed 1,000 hours of experiential learning in the previous three years as evidenced through documentation of:
   a. Paid or volunteer CHR or CHW work in the core competencies in one or more of the following settings:
      - In licensed health care facility;
      - In the services of a licensed physical or behavioral health care provider; or
      - In a community-based organization addressing health-related social needs.
5. Have completed an initial CHW application;
   a. Provide the appropriate documentation to the MDHHS designated contractor;
6. Maintain six (6) hours of continuing education on an annual basis directly related to CHW core competencies with educational objectives that exceed an introductory level of knowledge;
   a. Provide the appropriate documentation to the MDHHS designated contractor on an annual basis following initial CHW application.

Core competencies refers to 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, including:

- Communication skills,
- Interpersonal and relationship-building,
- Service coordination and navigation,
- Capacity-building,
- Advocacy,
- Education and facilitation,
- Individual and community assessment,
- Outreach,
- Professional skills and conduct,
- Evaluation and research skills, and
- Knowledge base.

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:

1. Must be 18 years of age or older;
2. Possess at least a high school diploma or high school equivalency diploma/certification;
3. Demonstrates active pursuit of the minimum provider skills-based and experiential learning qualifications as evidenced through documentation of one of the following:
   a. 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.
   b. Completed a CHW training program, including core competencies, provided by an accredited college, an organization, CHW training entity and written plan for achieving 1,000 hours of experiential learning within the designated time frame.
   c. Completed a CHR National Training Program delivered through the Indian Health Service and written plan for achieving 1,000 hours of experiential learning within the designated time frame.
   d. 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; and
4. Have completed an initial CHW application.
   a. Provide the appropriate documentation to the MDHHS designated contractor.

Provider Enrollment

To enroll as a Medicaid provider, a CHW must complete an online application in the Community Health Automated Medicaid Processing System (CHAMPS) and must enroll with an Individual (Type 1) National Provider Identifier (NPI) as a Rendering/Servicing-Only Provider. The CHW must associate themselves to at least one Billing Provider within CHAMPS. The billing provider must be enrolled with the Medicaid program and have a Group/Organizational (Type 2) NPI. Associated billing providers may be either employers or organizations the CHW is contracted with to perform services (i.e., Community-Based Organizations [CBOs], Community Mental Health Services Programs [CMHSPs]).

CHWs must have obtained certification verification and approval through MDHHS or its certification contractor prior to enrolling in CHAMPS. CHW providers are also subject to all relevant policy provisions outlined in the MDHHS Medicaid Provider Manual, including the General Information for Providers chapter.

Reimbursement Considerations

For CHW services rendered to beneficiaries enrolled in an MHP, or ICO, providers will submit claims to the beneficiary's assigned MHP, or ICO. If a beneficiary is not enrolled in an MHP, or ICO, CHW providers will submit claims for Fee-for-Service (FFS) reimbursement through CHAMPS.

CHW services are to be reported as follows:

- 98960 (education and training for patient self-management; individual patient)
- 98961 (education and training for patient self-management; 2-4 patients)
- 98962 (education and training for patient self-management; 5-8 patients)

These codes are to be reported in 15-minute increments and must be billed with the CG modifier to be considered for payment. The group size may not exceed 8 beneficiaries.

Providers are asked to insert the following into the notes section of the claim to provide additional information about the services being performed:

Claims Notes Section	Description (Based on Beneficiary Eligibility – Covered Services)
C100	Chronic Health Condition - Care Coordination and System Navigation
C200	Chronic Health Condition - Health Promotion and Education
C300	Chronic Health Condition - Other
S100	Social Need (Suspected of Documented Unmet) - Care Coordination and System Navigation
S200	Social Need (Suspected of Documented Unmet) - Health Promotion and Education
S300	Social Need (Suspected of Documented Unmet) - Other
P100	Pregnancy and up to 12 months Postpartum - Care Coordination and System Navigation
P200	Pregnancy and up to 12 months Postpartum - Health Promotion and Education
P300	Pregnancy and up to 12 months Postpartum - Other
T100	Other Eligibility - Care Coordination and System Navigation
T200	Other Eligibility - Health Promotion and Education
T300	Other Eligibility - Other

Medicaid-enrolled organizations billing for CHW services must report the enrolled CHW in the rendering/servicing provider field on the claim. The CHW reported as the rendering/servicing provider must be enrolled in CHAMPS at the time of claim submission.

Service 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.

FQHC, RHC, THC and Tribal FQHC Reimbursement

The following information applies to clinics billing on behalf of CHWs for services provided within the facilities. Services provided by CHWs do not count as a qualifying visit. FQHC, RHC, THC, and Tribal FQHCs furnishing eligible CHW services will be reimbursed outside of the Prospective Payment System (PPS) methodology or All-Inclusive Rate (AIR) methodology at the applicable Medicaid fee screen rates.

Services billed by clinics on behalf of CHWs should be billed on the institutional claim form using the Group/Organizational - Type 2 clinic specialty enrolled NPI. On the institutional claim form, the Attending Provider field line should include an eligible Individual – Type 1 provider, per bulletin MSA 21-47. This is the provider responsible for the overall care of the patient at the clinic. Finally, the Individual – Type 1 NPI of the CHW rendering the actual service to the

Medicaid beneficiary at the clinic should be listed in the Other/Rendering field line (referring/rendering/ordering).

Procedure code coverage information is available on the Michigan Department of Health and Human Services (MDHHS) website at www.michigan.gov/medicaidproviders >> Billing and Reimbursement >> Provider Specific Information >> Clinic Institutional Billing.

Community Health Workers and Health Homes

A provider can be both a CHW agency and a Health Home. The goal of MDHHS is for CHWs and Health Homes to complement each other and work together for the benefit of the beneficiary. A CHW can serve as a member of the Health Home Care Team (HHCT). If Medicaid is billed for CHW services and the Health Home is claiming a core service for a month, it is important that the services are separate and distinct.

Duplicative Services

CHW services may not be duplicative of the monthly core service being claimed by a Health Home. CHW agencies should be mindful of the fact that when a core service is claimed by a Health Home the Medicaid payment for that core service is considered payment that entire month.

Providers should consider two factors when determining whether a service is duplicative:

1. Service Type
2. Diagnosis/Condition

Service Type

The table below is a crosswalk of the types of CHW services to types of Health Home core services. Service types in the same row are considered duplicative.

Health Home Core Service	Duplicative CHW Service
• Care coordination • Comprehensive care management • Comprehensive transitional care • Patient and family support • Referrals to community and social support services	• Care coordination and system navigation
• Health promotion	• Health promotion and education

For example, CHW care coordination and health system navigation and Health Home referrals to community and social support services are considered duplicative service types. For service types considered duplicative it is not appropriate to bill for both the CHW service and claim a corresponding core service that same month unless the diagnosis/condition exception described below is met.

Non-duplicative services may be billed to MDHHS. For example, CHW services for health promotion and education can be billed to Medicaid for a recipient in the same month that the Health Home claims the care coordination core service for that recipient as the service types are not duplicative.

Diagnosis/Condition Exception

If the service types are considered duplicative in the table above, the CHW services and Health Home core services are not considered duplicative if the following requirements are met:

1. The services provided are for separate and distinct diagnoses/conditions; **and**
2. The services are provided on different dates of service. For example, a CHW may do health promotion and education with a recipient regarding a diabetes diagnosis on June 1 and a Health Home may do health promotion with the same recipient on June 15 for a hypertension diagnosis.

Certified Community Behavioral Health Clinic (CCBHC)

CCBHCs that employ CHWs and have designed designed/negotiated their PPS rates to be inclusive of those costs are obligated to adhere to their contractual requirements for CHW certification, enrollment, and services, and may not seek additional reimbursement.

Medicaid Health Plans (MHPs) and Integrated Care Organizations (ICOs)

MHPs and ICOs who employ CHWs are obligated to adhere to their contractual requirements for CHW certification, enrollment, and services.