

COMMUNITY HEALTH WORKER (CHW) SERVICE MEDICAID DRAFT RECOMMENDATIONS

September 2024

NOTE: These are draft recommendations. Feedback is welcome and encouraged. Medicaid policy decisions are within the discretion of ND Medicaid. ND Medicaid does not have the authority to change state or federal requirements. Final policy decisions/language are subject to approval by ND Medicaid leadership and approval of a state plan amendment by the Centers for Medicare and Medicaid Services (CMS).

Below eligibility criteria is consistent with N.D.C.C. 43-66-01(2) & (4)

(2) "Community health worker" means an individual certified under this chapter to provide preventative services.

(4) "Preventative services" means services to prevent a disease, disability, or other health condition or the progression of a disease, disability, or other health condition which are provided to an individual:

- a. With a chronic condition;
- b. At risk for a chronic condition who is unable to self-manage the chronic condition; or
- c. With a documented barrier that affects the individual's health.

ELIGIBILITY CRITERIA

Members for whom CHW preventive services are medically necessary include members who meet at least one of the below criteria:

- Has at least one chronic condition¹ (including behavioral health)
- Is at risk for developing at least one chronic condition² based on one or more of the below:
 - Medical indicators indicating increasing risk of developing a chronic condition. These indicators can include elevated blood pressure or glucose levels.
 - The presence of known risk factors including tobacco use, excessive alcohol use, and/or drug misuse
- Is at risk for developing at least one chronic condition and is unable to self-manage the condition based on one or more of the below:
 - One or more visits to a hospital emergency room

¹ Chronic conditions may include asthma, major depressive disorder, diabetes, chronic obstructive pulmonary disease, heart disease, high cholesterol, thyroid disease, post-traumatic stress disorder, substance use disorder, and hypertension.

² At risk for a chronic condition may include the following criteria: obesity, prediabetes, tobacco use.

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- One or more hospital inpatient stays, including stays at a psychiatric facility
- One or more stay at a detox facility
- Two or more missed medical appointments
- Has a documented barrier³ that affects the individual's health as indicated through a health-related social needs or social determinants of health screening;
 - A documented barrier includes a lack of health literacy to self-navigate the health system/coordinate resources.

Per federal rules, Medicaid preventive services REQUIRE referrals from physicians or licensed practitioners of healing arts.

REFERRING PROVIDERS

CHW preventive services must be referred by a physician or [Other Licensed Practitioner](#) within their scope of practice. A referring practitioner may establish a standing order or protocol for recommending CHW services. Referring practitioners may be:

- Physicians
- Physician Assistants
- Advanced Practice Registered Nurses
- Psychologists
- Licensed Clinical Social Workers
- Licensed Marriage and Family Therapists
- Licensed Professional Counselors and Licensed Professional Clinical Counselors
- Dentists
- Optometrists
- Chiropractors
- Occupational Therapists
- Physical Therapists
- Speech Language Pathologists
- Audiologists
- Podiatrists
- Pharmacists

³ Documented barriers may include transportation needs, cultural or language barriers, and/or lack of a telephone, financial constraints, social isolation, access to healthy food, housing, or transportation.

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CHWs will not be considered Other Licensed Practitioners (OLPs) for ND Medicaid and so they must practice under supervision of a physician or licensed practitioner of the healing arts.

CHW SUPERVISERS

CHWs must be supervised/overseen by a physician or licensed practitioner of the healing arts. These practitioners include other licensed practitioners (OLPs) as listed below:

- Nurse Practitioners (NPs)
- Physicians Assistants (PAs)
- Certified Nurse Midwives (CNMs)
- Clinical Nurse Specialists (CNSs)
- Licensed Psychologists
- Licensed Clinical Social Workers (LCSWs)
- Licensed Professional Clinical Counselors (LPCCs)
- Licensed Professional Counselors (LPCs)
- Licensed Marriage and Family Therapists (LMFTs)
- Licensed Addiction Counselors (LACs)
- Licensed School Psychologists

Referrals shall include:

- CHW services needed
- Duration of CHW services
- Condition(s) and/or barrier(s) the CHW will address

SERVICE PLAN REQUIREMENT

Required when member needs multiple or continuous CHW services after 12 units (will still require referral) (borrowed this language from CA).

Reviewed every 6 months to determine if

- Progress is being made and
- CHW services continue to be medically necessary.

Finalized prior to CHW services being rendered.

Service plan states:

- How the member's need of CHW services relates directly to 1 or more eligibility criteria
- How CHW services will address that need/those needs with both a goal and a specific action to meet the goal
- Duration of time CHW services are needed to accomplish the POC goal(s)
- NOTE: Service plans and any changes must be
 - in writing

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- developed and reviewed by a physician or licensed practitioner of the healing arts (OLP)

SERVICE CODES AND LIMITS

CPT code	Description	Number of Patients
98960	self-management education and training, face-to-face, 30 minutes	1
98961	self-management education and training, face-to-face, 30 minutes	2-4
98962	self-management education and training, face-to-face, 30 minutes	5-8

Codes are 30 minutes, service must be a minimum of 16 minutes in order to bill a 30-minute unit.

DAILY LIMIT: 4 units (2 hours) any combination of group/individual

Monthly/yearly limit: ??? Medicaid will set either one or both. Data-based input will be considered.

RATE: Will be set by ND Medicaid and will be consistent with similar services. ND Medicaid is considering payment outside the encounter rate for encounter-based providers such as Indian Health Service (IHS), tribal health programs, and federally qualified health centers (FQHCs).

COVERED SERVICES

Covered services are:

- Health System Navigation and Resource Coordination
 - Engaging and re-engaging a member in the healthcare system with a focus on primary vs. emergency/urgent care.
- Health Promotion and Coaching
 - Providing information that promotes positive contributions to member health.
- Health Education and Training
 - Reenforcing education provided by the member's healthcare team. Content of patient education must be consistent with established or recognized health or dental standards.

These services can be individual or group services.

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Non-covered services will look unique to ND's Medicaid program based on the Medicaid services we cover and what is outside the scope of CHWs here in ND

NON-COVERED SERVICES

- Advanced Care Planning
- Chore Services
- Companion Services
- Medication Management Services duplicative of other ND-Medicaid-covered services
- Services outside the scope of a CHW's practice
- Services that require licensure or certification beyond that of a CHW
- Case management/care coordination, including dental CDT® codes D9991, D9992, and D99924
- Transporting the member
- Services within the scope of a direct support professional (DSP) or qualified services professional (QSP), including homemaker chore services, companion services, personal care services, etc.
- Respite care
- Care provided outside of the member's service plan
- Documentation time
- Child care
- Helping a member enroll in traditional or Expansion Medicaid
- Discharge planning
- Delivery of food, medication, medical equipment, or medical supply
- Services duplicative of those in the [1915\(i\) Behavioral Health Services and Supports program](#) – i.e. peer support, housing support, supported education or employment.
- Counseling and/or risk factor reduction intervention, see section in [Preventive Services and Chronic Disease Management policy](#)
- Screening, Brief Intervention, Referral to Treatment (SBIRT) services, see section in [Preventive Services and Chronic Disease Management policy](#)

TELEHEALTH

CHW services may be provided via telehealth, including via telephone only.

SETTINGS

- these are community-based services that should primarily occur in the community versus in a provider-based setting. Not allowed in facility-based settings with rates or carceral settings.

ENROLLMENT – agency vs. individual CHW enrollment