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GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

ELIZABETH HERTEL
DIRECTOR

December 5, 2023

TO: Interested Party

RE: Consultation Summary Project 2332-CHW - Medicaid Coverage of Community Health Worker (CHW)/Community Health Representative (CHR) Services

Thank you for your comment(s) to the Behavioral and Physical Health and Aging Services Administration relative to Project Number 2332-CHW. Your comment(s) has been considered in the preparation of the final publication, a copy of which is attached for your information.

Responses to specific comments are addressed below.

General Information Section:

Comment: We recommend using the American Public Health Association (APHA) definition of a community health worker.

Response: The definition in the policy has been updated to reflect the APHA definition.

Comment: Community Based Organizations (CBOs) are currently not a group that can enroll in CHAMPS, but they are listed as a possible billing provider in the policy. Will CBOs be allowed to enroll in CHAMPS?

Response: MDHHS recognizes Community Based Organizations as an important partner in the delivery of services aimed at addressing health related social needs and the delivery of Community Health Worker Services. CBOs are currently not a recognized provider group and therefore unable to enroll in CHAMPS as a MI Medicaid provider. We have updated policy language. MDHHS is committed to further exploring opportunities to expand coverage of services aimed at addressing Health-Related Social Needs and the inclusion of non-traditional medical providers. MDHHS will provide updates related to CBO enrollment in CHAMPS.

Comment: How does this proposal impact models that include bundled CHW services today (for example, MIHP)?

Response: Providers may not submit a separate claim for CHW services when CHW services are provided within the confines of a comprehensive team model of care.

Comment: How does a CHW not within the healthcare sector bill for Medicaid services when they are required to have a licensed health care professional as their associated billing provider?

Response: To clarify, the recommending provider and the associated billing provider may be different providers. CHWs must associate to a Billing Provider which can be a Type 2 (Organization) NPI **or** an Individual Sole Proprietor with a Type 1 NPI that is enrolled in CHAMPS. A Type 2 (Organization) provider is not necessarily a health care professional association.

Comment: How does an individual or a provider find a CHW for CHW services? Will there be a registry?

Response: MDHHS encourages Michigan Medicaid providers that do not currently include CHWs on their direct care team to establish relationships with organizations that deliver CHW services, in the same manner that they would establish relationships for other covered services. MDHHS' chosen contractor will be responsible for determining if the MI Medicaid CHW Registry is made available.

Comment: Clearly define the scope of practice for CHWs, outlining what tasks and activities they can perform within their role.

Response: The role and activities of CHWs are broad and often defined on practice setting. The purpose of this policy is to define the services that CHWs deliver that are also reimbursable by Michigan Medicaid.

Comment: While having a statewide policy is important, allowing flexibility for local adaptation based on the unique needs and resources of different communities within Michigan must be an option.

Response: Thank you for your comment. MDHHS acknowledges the importance of a statewide policy and recognizes the value of customizing services to address local community needs. The primary aim of this policy is to designate CHW services as a state plan covered service. Consequently, it's essential to ensure consistency in the range of services statewide.

Comment: Policy coverage should be extended to other types of Community Health Workers such as Health Educators or Maternal Child Nurses.

Response: CHWs go by many names. To seek Medicaid reimbursement for the delivery of CHW services, an individual must meet the requirements outlined within the policy, no matter the name or title they identify with.

Comment: Could licensed professionals (such as Licensed Bachelor Social Workers or licensed nurses) practice as a CHW?

Response: Yes, any individual seeking Medicaid reimbursement for CHW services must meet the requirements outlined within the policy. It's essential to note that while licensed professionals may meet the qualifications for delivering CHW services, the policy's primary purpose is to establish CHW services as a distinct category within the state plan. The intent is not to expand reimbursement opportunities for licensed providers but to emphasize the unique role of community health workers.

Comment: The scope of the policy summary is limited as it does not reference the fact that CHW services also include addressing the social needs that are impacting one’s ability to be healthy.

Response: Thank you for your comment. The policy summary serves as a general introduction to the broader details of covered CHW services. While it doesn't explicitly mention the full range of CHW responsibilities, it's essential to emphasize that the covered services include addressing health-related social needs. The policy itself provides comprehensive information on the nature and extent of CHW services and their role in improving the overall health and wellbeing of beneficiaries.

Comment: There are several programs that provide care coordination, case management, patient and family support, referrals to community for social support services, health promotion, etc., such as MIHP, Nurse-Family Partnership (NFP), Early Head Start, and Healthy Start. Would these be considered duplicate services?

Response: Given the similarities to the services that these programs provide to beneficiaries, these programs would be considered duplicative of CHW services.

Comment: How will duplicative services be avoided and/or addressed?

Response: Per this policy, CHW Services cannot duplicate services that are covered under the existing Medicaid State Plan. MDHHS will monitor for situations where two or more CHWs have claims associated with the same beneficiary in the same time period. Policy updates will be considered if this is observed.

Beneficiary Need Section:

Comment: What does it mean that CHW services must be "recommended" by a licensed provider? Is this different from a referral?

Response: CHW services require a recommendation from a licensed professional as required by the Code of Federal Regulations (CFR) 440.130(c). A recommendation is a suggestion or proposal as to the best course of action that must be documented in the record of services provided to the beneficiary, as described in policy. The recommending provider does not need to be enrolled in CHAMPS. Whereas a referral is more formal, and documentation would be required in the claims form by a referring provider enrolled in CHAMPS.

Comment: Why aren't all licensed professional listed as possible recommending providers?

Response: As defined in CFR 440.130(c), any physician or licensed practitioner of the healing arts may recommend CHW services. The list of licensed providers within the policy is not an exhaustive list of possible recommending providers.

Comment: CHWs have a proven impact on medical outcomes and should not require a recommendation from a licensed healthcare provider. The need for a recommendation would delay access to services.

Response: Federal regulations CFR 440.130(c) requires preventive services to be recommended by a physician or other licensed practitioner.

Comment: Can a standing order replace the recommendation by a licensed provider?

Response: A licensed practitioner of the healing arts may establish a standing order or protocol as their mechanism to implement the recommendation.

Comment: How are the recommendations from licensed professionals being documented and monitored?

Response: Policy language has been updated for clarification. Refer to the Documentation of Services section.

Comment: What is the definition of a "health-related social need?"

Response: CMS defines a health-related social need (HRSN) as an individual's unmet, adverse social conditions that contribute to poor health. These needs - including food insecurity, housing instability, unemployment, and/or lack of transportation - can drive health disparities across demographic groups.

An individual's HRSN are a result of their community's underlying social determinants of health (SDOH) - the conditions in which they are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life, including economic policies and systems, developing agendas, social norms, social policies, and political systems.

Comment: Regarding the proposed requirement to utilize assessment tools, do these tools need to be evidence-based or validated? We ask that MDHHS provide a list of examples that would be deemed appropriate in the final policy.

Response: It is essential that assessment tools utilized are validated, standardized, and proven effective in identifying health-related social needs. The choice of specific tools may vary by provider or organization to align with local needs and preferences. MDHHS encourages the use of reliable assessment tools, and providers are responsible for selecting appropriate ones based on their assessment of effectiveness and suitability within their service context.

Comment: Will MDHHS increase the postpartum period suggested in the policy to 18 months postpartum? This would align the recommendation with coverage provided by the Maternal Infant Health Program (MIHP) for home visiting services up to 18 months postpartum.

Response: CHW services differ from the MIHP services offered and is not intended to duplicate or replace MIHP. Therefore, the postpartum period will extend through 12 months in this policy.

Comment: Could a CHW associate to an emergency service, such as fire or police, or to a religious organization?

Response: This policy requires CHWs who are enrolled as rendering/servicing providers to associate with a CHAMPS-enrolled Medicaid provider as their billing provider. The billing provider must also be able to submit claims for the CHW services rendered on the Professional Claim Form CMS 1500. Unfortunately, the suggested groups, such as emergency services and religious organizations, do not meet these requirements.

Comment: Will the recommending provider be a field on the CHW claims form?

Response: No, there is no recommending provider field on the claims form.

Comment: Are CHW services only initiated through a recommendation from a licensed professional? What if a CHW identifies a need in an individual prior to a recommendation?

Response: MDHHS recognizes there may be situations where a CHW identifies a beneficiary in need prior to a recommendation from a licensed professional. In these circumstances, the CHW should work with the beneficiary to collaborate with a licensed professional to document and obtain that recommendation to receive reimbursement for services rendered. CHWs can also leverage a licensed provider's standing order to identify the need for CHW services.

Comment: We recommend simplifying the process by relying on the initial provider recommendation and subsequent SDOH screening to determine the necessity and scope of CHW services.

Response: Thank you for your comment. The policy does not prevent the recommending licensed provider from performing the SDOH screening of beneficiaries to identify a need for CHW services.

Comment: Will there be a specific list of diagnosis codes that will need to be billed for the service to be covered?

Response: No.

Covered Services Section:

Comment: What does "face-to-face" mean?

Response: Face-to-face is defined as "an encounter that can be either in person or using telehealth (simultaneous audio and visual technology)."

Comment: Does "simultaneous audio/visual technology" mean we can choose to provide either audio OR video services?

Response: No, simultaneous audio/visual technology means that audio AND video must be done at the same time. MDHHS will be consistent in this policy and define telehealth as “simultaneous audio and visual technology” for clarity.

Comment: This bulletin refers to bulletin MMP 23-10, in which the proposed codes 98960-98962 allow audio-only (telephonic) telemedicine. Does this mean CHWs can provide audio-only services?

Response: CHW Services must be delivered face-to-face, per the MDHHS telemedicine policy (refer to the Telemedicine chapter of the MPM for the “face-to-face” definition). Per the audio-only fee schedule, 98960-98962 do not qualify for an exception and cannot be provided audio-only (telephonic). The reference to MMP 23-10 has been removed from this policy’s final draft.

Comment: We strongly suggest that CHW codes allow for audio-only (telephonic) services, as the face-to-face requirement creates barriers to individuals accessing necessary services.

Response: MDHHS received many comments related to the face-to-face requirement of CHW services. This policy is consistent with our current telemedicine policy and CHW services will not be allowed via audio-only at this time. The audiovisual telehealth component should create additional flexibilities that aid in the access to services.

Comment: Does an underage beneficiary have to be in the room for the visit to be billable, or would a CHW working with a parent/guardian while the child is in another room or at school be considered billable under the member benefit?

Response: This policy only allows reimbursement on services where the beneficiary is present, either in person or via simultaneous audio and visual technology.

Comment: I agree that the initial encounter with a CHW should be provided in person, but the provision of care coordination services does not require a patient to sit with the CHW while they research, advocate, and coordinate

between providers. I recommend allowing for telehealth or audio-only services after the initial in-person visit.

Response: Thank you for your suggestion. The policy currently allows for CHW services to be provided face-to-face, which allows the telehealth method of "simultaneous audio and visual technology."

Comment: If services are in person, it should also include that the services may be delivered in person in a non-clinical setting.

Response: The proposed policy indicates that "There are no Place of Service restrictions for CHW services." This means that services can take place in any setting (clinical, community, etc.).

Comment: What about when a CHW does a visit with family supports, community supports, or social supports to help curate resources for a beneficiary? This work is done both in person and over the phone and represents a significant value from the CHW role; is this billable time?

Response: Services provided via telephone only would not be reimbursable per the definition of face-to-face, defined as an encounter that can be either in person or using telehealth.

Comment: Some of the covered services listed are not performed with the beneficiary present or even on the phone. Why aren't the "behind the scenes" work CHWs perform eligible for reimbursement?

Response: Thank you for your comment. MDHHS has designed the reimbursement structure to ensure that services provided by CHWs align with direct service delivery and support activities, recognizing the time and effort these entail. The policy specifies that services should meet the definition of face-to-face as outlined in the policy to be eligible for reimbursement. MDHHS will continue to assess and monitor the reimbursement requirements for CHWs in the future to ensure their contributions are appropriately recognized.

Comment: I am a CHW, and I provide educational services that are not listed in this policy. Does this mean these aren't covered services?

Response: The lists provided under "Covered Services" in this policy are examples of topics and activities typically addressed by CHWs but is not exhaustive. CHWs may conduct activities beyond the examples listed as long as they align with the definition of the allowable services.

Comment: Many examples of the covered CHW services focused on physical health needs. I feel there is a lack of focus on examples of behavioral health needs.

Response: Thank you for your comment. The list of examples within the covered services were examples and not an exhaustive list.

Comment: We recommend adding to the Covered Services language about services being provided "in the primary language of the beneficiary."

Response: MDHHS has updated policy language to include this recommendation.

Comment: We recommend adding "action planning" to the health education section.

Response: Thank you for your comment.

Comment: Do the “Covered Services” requirements outlined in this policy apply to health plans employed CHWs?

Response: The policy is specific to the delivery of CHW services outside of the contractual requirements of the Medicaid Health Plans.

Comment: We recommend amending "Family Planning" to "Reproductive and Sexual Health" in the current list of Health Promotions and Education topics.

Response: Thank you for your suggestion. We have updated policy language.

Comment: Please add "harm reduction" to the list of covered services.

Response: The list of "Covered Services" in the policy includes examples of topics and activities typically addressed by CHWs but is not exhaustive. CHWs may conduct activities beyond the examples listed as long as they align with the definition of the allowable services.

Comment: It is important for a CHW to be able to bill for the time spent securing resources on behalf of a beneficiary, (for example, calling food pantries, housing partners, etc.). Is this covered under the language describing resource coordination and system navigation?

Response: The role of a community health worker is to support and empower the individuals they work with to navigate the systems of care and wellbeing.

This policy will support reimbursement of resource coordination and health system navigation that are conducted in partnership with Medicaid members, not on behalf of them.

Comment: We support a broad definition of resource coordination to “attain holistic goals.” Since these goals include behavioral health goals, the resource coordination language should reflect principles of person-centered planning and self-determination.

Response: Thank you for your comment. The General Information section of the policy has been updated to reflect the intent that all CHW services should be person-centered.

Comment: Please include "patient education and training by certified Prosthetist and Orthotists for prosthetic and orthotic device precautions, use, care, cleaning, donning, doffing, and troubleshooting." Caring Prosthetists and Orthotists provide such training for better patient outcomes but are not compensated for the training.

Response: The CHW policy does not replace nor is it within the CHW’s scope of practice to perform direct care and services of an appropriately licensed or certified provider. A referral (after a physician written an order for an orthosis) to a certified Orthotist/Prosthetist (O&P) is part of “Helping a beneficiary find the appropriate Medicaid provider to receive a recommended covered service.” It would be the O&P provider’s responsibility to perform the service, evaluate, train, and fit the beneficiary for the item. Please refer to the Medical Supplier chapter of the Medicaid Provider Manual for Orthotic/Prosthetic policy.

Comment: We suggest that MDHHS consider adding SDOH-related interventions to covered services, such as assistance with housing, food security, basic needs, and so forth.

Response: Thank you for your comment. We've updated the policy language to encompass activities aimed at addressing health-related social needs within the covered services. These activities can be provided under the category of Health System Navigation and Resource Coordination.

Comment: I think translation and cultural mediation should be added to the list of covered services.

Response: Thank you for your comment. We have updated language to include connecting beneficiaries to translation services and serving as a cultural liaison for the beneficiary.

Comment: Coverage of transportation would directly benefit beneficiaries.

Response: Non-emergency medical transportation (NEMT) services are a distinct Medicaid benefit covered separately. CHWs are not eligible for reimbursement for providing transportation services. If a CHW meets the requirements for becoming an NEMT provider, they may enroll with Michigan Medicaid as such and provide covered transportation services. To learn more about qualifications for transportation provider, please refer to the Non-Emergency Medical Transportation chapter of the MDHHS Medicaid Provider Manual.

Comment: Please clarify the distinction between "Arranging transportation to an appointment for a Medicaid covered service" and "Helping a beneficiary make and keep an appointment for a Medicaid covered service" under "Health System Navigation and Resource Coordination."

Response: These were examples of ways a CHW may provide supports related to Health System Navigation and Resource Coordination. Please note, policy language has been updated to clarify the transportation piece.

Comment: Does "arranging transportation to an appointment for a Medicaid covered service" include arranging transportation to appointments at WIC, MDHHS, Family Resource Centers, food pantries, or other ancillary services for which Medicaid beneficiaries may be eligible?

Response: CHWs play a vital role in empowering individuals to navigate systems of care and wellbeing. MDHHS has updated the policy language to better reflect that reimbursement is intended for health system navigation and resource coordination conducted in partnership with Medicaid beneficiaries, rather than on their behalf.

Comment: The policy also states, "Other billable services may be applicable based on individual, or community need and within the CHW scope of practice"; however, we are not aware of a CHW scope of practice that would be applicable to this policy. If this does exist, we would ask that a document reference be included; otherwise, the language should be changed.

Response: Thank you for your comment. The Michigan Public Health Code does not currently define a Scope of Practice for CHWs. The policy language has been updated to reflect this information.

Comment: We believe vaccine advocacy should be added to the list of covered services by CHWs.

Response: Immunizations are provided as an example of covered Health Promotion and Education topics.

Non-Covered Services Section:

Comment: I have concerns about what is identified as covered and non-covered services. I feel that several of the things that CHWs support are NOT billable services in the proposal.

Response: Thank you for your comment. The Non-Covered Services section has been updated to provide more clarity on non-covered activities. Many of the non-covered services for Medicaid reimbursement are not reimbursable because they are duplicative of other Medicaid-covered services and/or requires a license to perform.

Comment: Please clarify the difference between Care Coordination (covered) and Case Management (not covered). These terms are often used interchangeably, at least by community-based programs.

Response: For clarity, MDHHS has updated the policy by rephrasing “Care Coordination” as “Resource Coordination” to align with other states’ CHW policies. Additionally, we have revised the non-covered service of “case management” to specify “Clinical case/care management that requires a license” to clearly indicate why it is not an eligible activity under CHW services.

Comment: Do the CHW service codes have to be authorized and added into an individual plan of service?

Response: No, Billing Providers that are associated to CHWs will be able to submit claims for these services.

Comment: Discharge planning and Community transition services are listed here as non-covered services, but under Covered Services it says “This can also include transitional care support, which includes assisting a beneficiary when moving from one community or institutional setting to another.”

Discharge planning is an essential part of service provision and should be a covered service.

Response: Thank you for your comment. The policy language has been updated to clarify that while CHWs can provide health education or health system navigation support during a beneficiary's transition from one community or institutional setting to another, the term "discharge planning" specifically refers to the services delivered in ambulatory settings before discharge or transfer, which are typically performed by licensed healthcare providers. Discharge planning remains a covered service within that context, but CHWs are not authorized to perform clinical discharge planning. "Community Transition Services" are a distinct Medicaid benefit covered separately. Please consult the Community Transition Services chapter of the MDHHS Medicaid Provider Manual for the details of that benefit.

Comment: The policy states that “Helping a beneficiary enroll in government or other assistance programs that are not related to improving their health as part of a provider’s recommendations” is not a covered service. Most government or other assistance programs either directly or indirectly relate to improving someone’s health. Specific examples of a government program that would not address at least one social determinant of health would be helpful here.

Response: The role of a CHW is to support and empower the individuals they work with to navigate the systems of care and wellbeing, not to complete applications or enrollments on behalf of beneficiaries. CHWs support and encourage beneficiary-led efforts to access covered services. This may include providing resources during enrollments and applications for health-related programs or assistance.

Comment: There is a section for Non-Covered Services. Should I understand that to mean these are not service lines allowable to a CHW position, meaning if such services are needed, they should be provided separately?

Response: This policy specifies the CHW services eligible for Medicaid reimbursement. While CHWs may engage in some of the activities listed under Non-Covered Services, these activities are not eligible for reimbursement under this policy.

Comment: Under non-covered services, we are concerned about what will fall under the definition, “Delivery of medication, medical equipment, or medical supply.” In some instances, CHWs will deliver certain items like blood

pressure cuffs to clients with hypertension for in-home self-monitoring, and we want to ensure this is a covered service in the final policy.

Response: Other Medicaid programs cover delivery of medication, medical equipment, and medical supplies, so to avoid duplication of services, this is not covered under CHW services. However, education to support self-management would be covered under CHW services, but not the delivery of such items.

Comment: Why is “peer support services” listed as a non-covered service?

Response: Although CHWs may provide CHW services to beneficiaries with mental health and/or substance use disorders, CHW services do not include Peer Support Services and/or Peer Recovery Services as covered under the Michigan Specialty Behavioral Health System. CHW services are distinct and separate from Peer Support Services for the purposes of reimbursement. Please note, policy language was updated from “peer support services” to “Support services covered under behavioral health services programs by Certified Peer Support Specialists (CPSS) or Certified Peer Recovery Coaches (CPRC)” for clarity.

Documentation of Services Section:

Comment: We recommend adding "in an electronic health record system" to the documentation of services, as well as a "date" and "type and place of visit."

Response: The policy has been updated to include "date of service." However, the additional recommendations for "in an electronic health record system," "type," and "place of visit" are not mandated for these services, given that there are no specific service setting limitations.

Comment: Our program's documentation efforts of CHW services may need to be duplicated in another system, which would increase the documentation time and in turn decrease our caseloads. Additional clarity is needed regarding the ability to bill for only a portion of the visit based on what is allowable and unallowable.

Response: It is the billing provider's responsibility to follow the Medicaid Provider Manual requirements in documenting the provision of allowable services to support any claims submitted.

Comment: It is an additional administrative burden for CHWs to document notes in the claim section.

Response: The additional information provided in the notes section will support CHW service claims and ultimately lead to appropriate and timely reimbursement for the providers. MDHHS is committed to supporting provider training, education, and technical assistance to address administrative concerns expressed by CHW providers.

Comment: How, if at all, is documentation of services impacted when recommended CHW services come from a provider that is not part of the beneficiary's healthcare team?

Response: The standards of documentation remain the same; while the recommending provider does not have to be part of the beneficiary's healthcare team, it remains the responsibility of the CHW provider to document the source of the licensed healthcare provider recommending CHW services.

Comment: Please define the level of supervision required and the mechanisms for regular communication and consultation between providers and CHWs.

Response: This policy does not require formal supervision requirements, although MDHHS encourages billing providers and CHWs to establish collaborative workflows and structures.

CHW Qualifications Criteria Section:

Comment: What is the "CHW application?"

Response: The "CHW application" refers to the process managed by MDHHS' designated contractor to assesses whether individuals have demonstrated they meet the minimum criteria required to enroll in CHAMPS to deliver CHW Services. Once the MDHHS designated contractor verifies an individual's qualifications per the MDHHS policy standards, individuals will be recognized as certified CHWs, included on the MI Medicaid CHW Registry, and can proceed to enroll in CHAMPS for Medicaid reimbursement.

Comment: Where do we submit the CHW application?

Response: MDHHS' contractor will be responsible for developing and accepting the applications. Further direction on the CHW application processes will be forthcoming.

Comment: This policy uses varied language such as "credentialing" and "certification" to talk about criteria for Provider Enrollment. Clarifying the difference between these things or using consistent language throughout the policy would be helpful.

Response: Thank you for your comment. MDHHS has updated the policy to refer to this as "certification."

Comment: We are concerned that requiring 1000 hours of experiential learning in addition to the required training program is burdensome for CHWs. A CHW who meets all other training requirements or even has obtained certification from a recognized national or state-based entity but does not possess documented prior professional or volunteer experience would be ineligible for reimbursement for their services for the equivalent of six months of full-time employment. We recommend that MDHHS recognizes a certified CHW as one that completes the approved CHW training program in lieu of the 1,000-hour experiential learning requirement.

Response: The feedback regarding the experiential learning requirements is appreciated. MDHHS has taken these concerns into account and revised the policy language to eliminate the 1000-hour experiential learning requirement for those completing the CHW Training Program Pathway.

Comment: For CHWs who have many years of experience (and well over 1,000 hours of experiential learning), requiring them to complete a training program when they've been working as a CHW limits the number of CHWs potentially entering the Medicaid workforce.

Response: Thank you for your comment. MDHHS recognizes the value of experienced CHWs. To accommodate those with significant experience, we have established the "work experience pathway" for individuals with over 1000 hours of experiential learning to apply for and temporarily enroll as Medicaid providers of CHW services. This option is available during the first 24 months following policy implementation, providing these experienced CHWs with the opportunity to gain temporary eligibility without undergoing additional formal training. However, they are required to complete an approved training program by December 31, 2025.

Comment: The policy allows for temporary eligibility "during the first 24 months of policy implementation." When does the 24 months begin?

Response: This 24-month period will run from January 1, 2024, to December 31, 2025.

Comment: What training or work can count towards the 1000 hours of "experiential learning?"

Response: Documentation requirements to support the CHW application process through the MDHHS designated contractor will be detailed outside of this policy.

Comment: Can a CHW receive the Training and have 24 months to complete their 1,000 hours?

Response: An individual who has completed an MDHHS-approved training program does not need to have the 1,000 hours of experiential learning, as these criteria have been updated in the policy.

Comment: We believe the CHW training should be mandatory, and a list of approved programs should be available through the MDHHS website.

Response: Thank you for your comment. MDHHS will allow those meeting the requirements in the Work Experience Pathway to apply for and enroll as CHW providers during the first 24 months of policy implementation with a plan to complete the training program by December 31, 2025. After that period, everyone seeking to be reimbursed by Medicaid for CHW services will be required to complete CHW training approved by MDHHS' contractor. MDHHS will work with the chosen contractor to provide the list of approved training programs.

Comment: Our group supports the proposed CHW/CHR qualifications criteria outlined in the policy.

Response: Thank you for your support.

Comment: We suggest a supervisory model where the first 1,000 hours of a CHW's work are reimbursable but must be completed under the supervision of a more experienced CHW.

Response: Thank you for your comment.

Comment: We believe there are dual roles happening across CHW and doula services and would like MDHHS to consider creating a dual-role for these two professions.

Response: Thank you for your comment. MDHHS recognizes that there are overlapping areas of these two professions but believes these are distinct roles and services within Medicaid. For a provider to provide both services, they will need to be separately enrolled as a doula and as a CHW.

Comment: We recommend that MDHHS shorten the temporary eligibility period from 24 months to 12 months.

Response: Thank you for your comment. MDHHS is leaving the period at 24 months.

Comment: The list of Core Competencies does not include items such as Racial Equity, Implicit Bias, Cultural Competency, etc.

Response: The core competencies in this policy come directly from the CHW Core Consensus (C3) Project, which reflects policy language from many other states with Medicaid CHW services.

Comment: Will there be paid training for new CHWs or scholarships?

Response: Funding and scholarship for CHW training programs falls outside of the scope of this policy.

Comment: Who is responsible for monitoring the policy standards related to CHW qualifications?

Response: The CHW Qualification Criteria will be monitored by MDHHS' chosen contractor to ensure certified CHWs remain in good standing on MI Medicaid CHW Registry.

Comment: Will the coursework and training required be allowed after hire (i.e., must be done within 6 months of hire) or is it required that CHWs seek this training prior to employment as a CHW?

Response: To seek reimbursement for CHW services, an individual must meet the minimum criteria as outlined in the policy and be enrolled in CHAMPS on the date of services rendered.

Comment: Standards and systems need to be in place to clearly explain what a comprehensive training program for CHWs looks like based on the given core competencies.

Response: A list of MDHHS-approved Community Health Worker training programs will be provided either by MDHHS directly or via the MDHHS designated contractor.

Comment: Please establish mechanisms for evaluating the performance of CHWs and the impact of their interventions. What is the certification process that ensures CHWs meet specific competency standards?

Response: The primary focus of this policy is to define CHW services and eligibility criteria for Medicaid reimbursement. While the policy itself does not delve into the evaluation of individual CHW provider performance or the assessment of the impact of their interventions, it is the responsibility of CHW employers to establish mechanisms for evaluating the performance of the CHWs they employ.

Comment: One suggestion I have is to include periodic training for CHWs on issues that will come up as part of their evolution in their jobs.

Response: Thank you for your suggestion. Continuing education is a CHW requirement that will be developed by our chosen contractor on topics to encourage lifelong learning.

Comment: We recommend that CHWs should maintain 10 hours of continuing education on an annual basis instead of the proposed 6 hours.

Response: Thank you for your comment. At this time, MDHHS is keeping the continuing education requirement at "a minimum of 6 hours annually," but will monitor this requirement to determine if an update is necessary in the future.

Comment: We suggest adding basic computer skills as a minimum requirement.

Response: Thank you for your comment.

Comment: We suggest adding "a recognized accrediting organization" in the list of CHW training programs.

Response: Thank you for your comment. MDHHS will work with the chosen contractor to provide the list of approved training programs.

Comment: We recommend changing "licensed health care facility" to "in a patient centered medical home."

Response: Thank you for your comment. These criteria have been updated so the reference to “licensed health care facility” has been removed.

Comment: The CHW application process needs to be simple, easy, and inexpensive.

Response: Thank you for your comment.

Provider Enrollment Section:

Comment: The steps to enroll in CHAMPS as a Medicaid provider seem to apply to CHWs wishing to operate as independent sole proprietors.

Response: The policy allows for certified CHWs to be enrolled as "Rendering/Servicing Only Providers" and not as "Individual/Sole Proprietors." A Rendering/Servicing provider does not bill directly to Michigan Medicaid. The Billing Provider that is associated to this applicant type submits claims and receives payments for the Rendering/Servicing provider. Associated billing providers may be employers or organizations the certified CHW is contracted with to perform services.

Comment: Is the provider enrollment requirement only for the CHW organization or will each CHW be required to enroll?

Response: Both the individual certified CHW provider (as Rendering/Servicing Provider) and the associated Billing Provider will need to be enrolled in CHAMPS.

Comment: CHWs work with patients that are associated with many providers. Operationally, would CHWs be expected to associate with one parent provider or associate with each provider whose patient they interact with?

Response: To clarify, certified CHWs are required to establish an association with a billing provider responsible for submitting claims on their behalf. This billing provider may not necessarily be the recommending provider(s) for the beneficiaries the CHW serves. Certified CHWs are allowed to associate with multiple billing providers in CHAMPS.

Comment: Does every CHW need to be listed as an individual provider, or are there instances where a group of CHWs could bill under a facility or group?

Response: Every CHW needs to be enrolled as a Rendering/Servicing Provider in CHAMPS. Groups of CHWs could each individually be associated to the same Billing Provider.

Comment: Will the completed application and continuing education be required to maintain CHAMPS enrollment?

Response: To maintain CHAMPS enrollment individuals delivering CHW Services under this policy will be required to maintain the minimum provider qualifications including being listed in good standing on the MI Medicaid CHW Registry.

Comment: What employers and organizations are allowed to associate as Billing Providers for CHW services?

Response: Medicaid-enrolled (CHAMPS-enrolled) providers with a Type 2 (Organization) NPI **or** an Individual Sole Proprietor with a Type 1 NPI that can submit a Professional Claims form CMS 1500.

Comment: Are Maternal Infant Health Program (MIHP) or other home visiting programs allowable as a billing provider of CHW services?

Response: No. At this time, CHW services are not directly or indirectly billable by Medicaid Maternal Infant Health Program provider agencies. Other home visiting programs are not covered by the Medicaid program.

Comment: Policy reads: “CHWs must have obtained certification verification and approval from MDHHS or it’s certification contractor prior to enrolling in CHAMPS”. Does this mean that Michigan is a Certification State, like other State’s in the nation? What does "certification" mean in this policy?

Response: Michigan Law does not define community health workers or certification. Therefore, for the purposes of Michigan Medicaid reimbursement and this policy, an individual seeking to deliver CHW Services will be considered a certified CHW when they are able to demonstrate their ability to meet the minimum qualifications outlined within the policy.

Comment: Will MDHHS be providing training for CHWs to complete the NPI process?

Response: Yes, MDHHS will develop resources on the NPI process as well as the provider enrollment process.

Comment: Requiring CHWs to have an NPI is putting a “medical” focus on CHWs. The agency that deploys the CHWs should have the NPI and bill under that number. The agency is providing the oversight of the CHW work.

Response: Certified CHWs are required to be associated with a Billing Provider who is enrolled in CHAMPS, and that Billing Provider will handle the billing on behalf of the CHW. The NPI is a tool used to capture the services that CHWs, as a newly recognized professional group, provide. Both NPIs will be listed on the claim to ensure transparency and accountability for the services rendered.

Reimbursement Considerations Section:

Comment: The proposed reimbursement rates are too low.

Response: Thank you for your comment. CHWs provide valuable services for Medicaid beneficiaries and MDHHS is invested in demonstrating the value of this role. The rates were determined with consideration for market value and equity of CHW service delivery. MDHHS will continue to monitor and assess the reimbursement needs for CHWs in the future.

Comment: It is costly to hire and train CHWs, yet there is nothing in this policy about administrative costs.

Response: Thank you for your comment. The established rates are designed to be inclusive of administrative expenses.

Comment: What constitutes a "unit" of service? Is this the same as the "15-minute increment" mentioned on page 6?

Response: Policy language has been revised to clarify. The reimbursement codes (98960, 98961, and 98962) for this policy are to be billed in 15-minute increments. One unit equals 15 minutes of service. This policy aligns with the mid-point rule for general coding principles and guidelines. A unit of time is attained when the mid-point has passed. The reimbursement codes must be billed with the CG modifier to be considered for payment.

Comment: Will all billed units which occur on the same date of service be billed on one line of the claim?

Response: The total units should be reported on one claim line for a single date of service for the beneficiary.

Comment: Are the three billable codes listed in the proposed policy the only billable services or will others be considered?

Response: The three codes proposed are the only billable services currently considered.

Comment: The proposed policy identifies three procedure codes available for billing for CHW services. In addition to billing the procedure codes, providers will be required to include a description of the CHW services provided using codes to be reported in the claim's notes section. It is recommended that MDHHS investigate other methods to capture this level of detail on the claim such as considering use of modifiers to identify description of covered services.

Response: Thank you for your comment.

Comment: In order to assist with dental services, we suggest that CHWs be able to bill for a variety of dental codes, including ones for dental case management.

Response: Thank you for your comment. Currently, no dental codes are being considered for CHW reimbursement. CHWs will not be able to associate to Dentists as they cannot submit claims for CHW services at this time.

Comment: For CHWs that work with families where multiple family members are eligible for CHW services, would providing CHW services to a family count as a "group" billing or would each family member be billed individually?

Response: The circumstances in which services are billed for a family are dependent on the format in which the services are delivered. If all members of the family are simultaneously receiving health promotion and education for a shared chronic condition, then the service would be billed as a group. However, if services are varied across the family and delivered at different frequency and are not simultaneous in nature, then the services would be billed individually.

Comment: Will there be a specific Fee Schedule for community health workers or will the rates be included on another fee schedule?

Response: A CHW Professional Fee Schedule will be created that can be referenced.

Comment: We believe CHWs should require training in order to facilitate a group. Will this be a requirement for CHWs to receive training specific to group settings?

Response: Thank you for the comment. There is no training requirement specific to the facilitation of groups. MDHHS expects that CHWs work within their scope of training to deliver appropriate services.

Comment: CMS recently proposed a 2024 Physician Fee Schedule that includes new billing codes and scope of practice guidance for CHWs related to the assessment of Health-Related Social Needs (HRSNs) and Social Determinants of Health. Will MDHHS be considering these codes for CHW services?

Response: MDHHS would evaluate any new billing codes released by CMS as part of an annual code review once the January 2024 HCPCS file from CMS is received. Following that evaluation, MDHHS would make coverage determinations and communicate with stakeholders accordingly.

Comment: If a beneficiary has a commercial insurance, is the other insurance exempt from being billed for this service? Or does the provider need to bill even just for the denial?

Response: The primary insurance would need to be billed prior to billing Medicaid.

Comment: As different delivery modes will be used for CHW services, we believe a solution to some of the costs that have not been captured within this policy would be to offer different reimbursement rates based on the costs associated with each. For example, we could have one rate for CHWs in a clinic or office setting where beneficiaries come to them in person and a higher rate for CHWs traveling to clients' homes or community settings to provide services. This tiered approach would capture the higher costs such as time traveling, mileage, and no-shows.

Response: Thank you for your comment.

Comment: Are CHWs able to bill for travel time or mileage?

Response: Due to federal regulations, MDHHS is unable to reimburse for travel time and mileage for these services.

Comment: It is recommended MDHHS update the policy to require CHWs to be in enrolled in CHAMPS on the "date of service" reported on the claim.

Response: Thank you for your comment. Policy language has been updated.

Service Limitations Section:

Comment: The policy mentions a 128-unit limit per beneficiary per month. Does this translate to 32 hours of servicing per beneficiary per month?

Response: Yes, each unit equals 15 minutes of service, so 128 units equals 32 hours total.

Comment: We recommend not requiring prior authorization for CHW services.

Response: Prior authorization is only required for beneficiaries needing more than 128 units per month.

Comment: If a prior authorization system is being set up when members need more than 8 hours a month, this will be difficult to operationalize internally and could severely limit the value CHWs offer in a moment of need for a member.

Response: CHW services can be submitted for a maximum of 128 units per month, which equals 32 hours per month, not 8. MDHHS created this cap with the intention that most members would never meet this limit.

Comment: The cap for billable units at 128 should be clarified and reconsidered as this may result in lower quality services being provided. We would suggest an increase in billable units, if possible, given the nature of quality services often require more than 120 units.

Response: Thank you for your comment. The policy allows for additional units beyond 128 units based on medical necessity determined in collaboration with the recommending licensed provider and would require prior authorization.

FQHC, RHC, THC, Tribal Section:

Comment: Please clarify how this would impact a FQHC that is also a Certified Community Behavioral Health Clinic (CCBHC)?

Response: Entities cannot bill for the same services that may be offered under existing Medicaid programs.

Comment: Dealing with the FQHCs and the overlap between Provider Allowable Codes (PACs), I'm wondering how we handle conflicts in the local public health department (LPHD) setting? Are these services included in our CPE program for full cost settlement, or do we need to exclude them?

Response: Costs reported for CHW services under Medicaid Outreach cannot be duplicated in the health services cost reported in Medicaid full cost reimbursement. Facilities must be prepared to share the allocation methodology utilized between the two programs if costs are split.

Comment: Providers in small rural community or urban FQHCs are currently unable to train and retain their CHW workforce because large payers and health systems can offer more compensation. How does the design of this policy create a more even playing field for all providers?

Response: The policy is structured to promote a level playing field by establishing standardized reimbursement rates for CHW services. This means that CHWs from smaller providers, such as rural community organizations or urban FQHCs, will receive the same compensation as those from larger health systems. The policy aims to support the sustainability of CHW services across different provider types, ultimately fostering a more even playing field.

Comment: We are seeking assurance that a Tribe does not have to hold the designation of Patient Centered Medical Home to bill for this service.

Response: Correct, no provider must hold that designation and/or certification to bill for this service.

Comment: Are the codes used to bill for these services for FQHCs and RHCs different than the ones noted in the bulletin?

Response: No.

Health Home Section:

Comment: Please clarify what constitutes a "Health Home."

Response: The Affordable Care Act of 2010, Section 2703 (1945 of the Social Security Act), created an optional Medicaid State Plan benefit for states to establish Health Homes to coordinate care for people with Medicaid who have chronic conditions. Examples of Health Homes in Michigan include

the Behavioral Health Home, Opioid Health Home, and the MI Care Team Health Home.

Comment: How will CHW agency know what health home has claimed? Seems as though billing departments are going to have increased workloads fixing claims, this added time for billing will add costs to agencies.

Response: CHW agencies can screen the Benefit Plan on the beneficiary's eligibility file. If the beneficiary is enrolled into a Health Home, the CHW agency should verify services do not overlap between the Health Home and the CHW service.

Comment: I'm concerned with limited reimbursement codes: if an MHP has CHWs and Medical Home has CHWs, it doesn't seem like there is much room for reimbursement with a CHW agency. Some CHWs within health homes and MHPs have narrow scope of work (only addressing one area of SDOH needs vs meeting all SDOH needs.)

Response: The CHW policy applies to covered services for both Medicaid FFS beneficiaries and beneficiaries covered by a Medicaid Health Plan. The coding within the policy is to be used for the Covered Services within the proposed policy. Examples of services are included.

Comment: For the duplicative services, are the CPT codes for CHW and Health Home Core Services the same? If not, it may be challenging to determine duplicate billing, and would we then have to rely on the note codes to determine duplicative services?

Response: Health Homes do not bill per service, so there would not be CPT codes that crossover.

Comment: Will measures be put in place to ensure there are not CHWs delivering service within an MHP and additionally an external CHW/Health Home delivering service to MHP members? This would present a concern if not. This would require an extremely time intensive prior authorization process if this is the measure being considered.

Response: MDHHS acknowledges that identifying coordination across different service areas will be a challenge for MHPs. MDHHS will continue to look for new opportunities to assist with these efforts.

Comment: Since Medicaid health plans do not reimburse health home services, it will be difficult to identify potential duplicative service when processing claims

for CHW services. To avoid potential duplication of services, it is recommended that MDHHS include CHW services provided by the health home provider as part of the monthly per member per month (PMPM) and not reimbursed by the Medicaid health plan.

Response: Thank you for your comment. The payment structure for CHW services and Health Home providers will not be changed at this time.

Medicaid Health Plans Section:

Comment: Will the health plans be required to contract with each CHW services provider?

Response: No, health plans are not required to contract with each CHW services provider.

Comment: How will health plan reimbursement of FQHC CHWs/CHWs in general impact health plans' CHW delegate relationships, established in response to the CHCP contract requirements? Is MDHHS concerned that these services may be compensated for twice, once via the delegate relationship and again via a claim payment?

Response: MDHHS will monitor for this and modify as necessary.

Comment: Will Medicaid Health Plans be required to provide documentation of services provided to beneficiaries to MDHHS?

Response: MHPs will not be submitting encounters for services rendered under their contract. Suggest that the response address that MHPs delivering CHW services as obligated in their contract (reference to contract section/language from sample contract) do not submit encounters, however, provider delivered CHW services as detailed in this policy to MHP members would apply here.

Comment: If a MHP has a contract with an organization to provide CHW services, could individual CHWs in that organization also bill for CHW services separately?

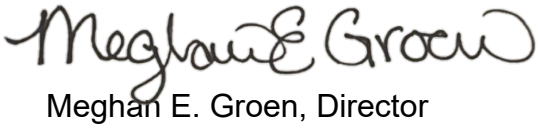
Response: If a MHP and an organization have a formal arrangement to deliver CHW services to fulfill the MHP's contractual requirements with MDHHS, it does not preclude the organization from delivering CHW services that are non-duplicative in nature. The organization delivering CHW services may only submit claims that meet the requirements as outlined in this policy.

Comment: Within the Health System Navigation and Resource Coordination section of the proposed policy, it doesn't mention assisting the beneficiaries with benefits provided by their health plan or connecting to the health plan. Our plan would like to suggest this as a requirement, as their Medicaid Health Plan is an important component of their access to care.

Response: CHWs may assist with connecting beneficiaries to their health plan, as described in the Health System Navigation and Resource Coordination section.

Thank you for your inquiry. We trust that previous responses addressed the concerns and questions noted. If you wish to comment further, send your comments to Elizabeth Pitts at pittse@michigan.gov.

Sincerely,



Meghan E. Groen, Director
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