Michigan Medicaid Policy | MMP

BULLETIN

BEHAVIORAL AND PHYSICAL HEALTH AND AGING SERVICES ADMINISTRATION

MDHHS
Michigan Department of Health & Human Services

Bulletin Number: MMP 23-74

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: December 1, 2023

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

Effective: January 1, 2024

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

> 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 January 1, 2024. 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 frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the worker to serve as a liaison/link/intermediary between the health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery. The CHW/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. These services are designed to be person-centered and patient driven, with a focus on beneficiary empowerment, fostering self-advocacy skills to promote personalized and effective diagnosis or treatment.

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
- Psychiatrist or Psychologist

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. CHW services should be provided in the language of the beneficiary’s choice when possible. Refer to the Glossary Appendix of the Medicaid Provider Manual for the definition of “face-to-face.”

CHW services available to beneficiaries include:

Health System Navigation and Resource Coordination

Health system navigation and resource coordination include providing information, training, referrals, or support to encourage beneficiary-led efforts to access covered services, understand, engage, or re-engage in the health care system, or engage in their own care needs. These services also work to connect beneficiaries to relevant community resources necessary to promote health, address health care barriers, or address health-related social needs.

The following are examples of health system navigation and resource coordination:

- Helping to engage, re-engage, or ensure beneficiary-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.
- Helping a beneficiary find and access other relevant community resources.
- Helping a beneficiary with a telehealth appointment and/or educating a beneficiary on the use of telehealth technology.
- Connecting a beneficiary to medical translation/interpretation or transportation services.
- Serving as a cultural liaison or assisting a licensed health care provider to create a plan of care, as part of the health care team.

Health Promotion and Education

Health education to promote the beneficiary's health or address barriers to physical and mental health care, including providing information, instruction, methods, and measures on health topics that have been proven effective in preventing disease, disability, and other health conditions or their progression; prolonging life; and/or promoting physical and mental health and efficiency. The content of health promotion and education must be consistent with established or recognized health care standards and best practices. Health promotion and 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:

- Addressing family violence/inter-partner violence
- Control of certain health conditions (i.e., heart disease, high blood pressure, dental disease, etc.)
- Diabetes prevention and control
- Chronic disease self-management
- Chronic pain self-management
- Sexual and reproductive health
- Improvement in safety and the environmental health of housing, (i.e., to mitigate asthma risk, risk of injury from unsafe housing, lead exposure, etc.)
- Improvement in nutrition, physical and/or mental health
- Promotion of preventative services, such as cancer screenings and immunizations
- Reduction in the misuse of alcohol or drugs
- Stress management and reduction

Screening and Assessment

Screening and assessment services include the use of standardized, validated tools that do not require a license and that support the identification of needed services and supports.

Non-covered Services

CHW Services cannot duplicate services that are covered under the existing Medicaid State Plan. The following services, while important in various contexts, are not reimbursable under the CHW Services policy and associated billing codes. These services include but are not limited to:

- Clinical case/care management that requires a license
- Community Transition Services
- Companion services
- Discharge planning
- Delivery of medication, medical equipment, or medical supply
- 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
- Personal care services/Home Help, including shopping and cooking meals
- Respite care
- Services that require a license
- Support services covered under behavioral health services programs by Certified Peer Support Specialists (CPSS) or Certified Peer Recovery Coaches (CPRC)
- Transporting beneficiaries

Documentation of Services

Documentation must include date of service, a start 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

This section describes the minimum requirements needed of an individual delivering CHW services to meet the criteria necessary to be verified by the MDHHS designated contractor before the Community Health Automated Medicaid Processing System (CHAMPS) enrollment for Michigan Medicaid reimbursement. Individuals may meet the qualifications criteria and be recognized as certified CHWs through either the CHW Training Program Pathway or the Work Experience Pathway.

Individuals who meet the verification requirements through the MDHHS designated contractor will be registered with the contractor as certified CHWs and included in the MI Medicaid CHW Registry. Individuals seeking to deliver CHW services to Medicaid beneficiaries must be registered with MDHHS' contractor prior to enrolling as a Medicaid provider. Additional details regarding the contractor's CHW registry and application process will be made available to all interested parties.

To qualify to deliver Medicaid reimbursable CHW services, an individual must meet 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. Must meet the CHW Training Program Pathway **or** the Work Experience Pathway;
4. Has successfully completed a CHW application with the MDHHS designated contractor and must be listed in good standing on the MI Medicaid CHW Registry; and
5. Complete provider enrollment requirements detailed in the Provider Enrollment section of this policy (below).

A. CHW Training Program Pathway

To be recognized as a MI Medicaid certified CHW under the CHW Training Program Pathway, an individual must have completed an MDHHS-approved Community Health Worker training program that aligns with the Community Health Worker Core Consensus Project (C3 Project) core competencies.

B. Work Experience Pathway

During the initial 24 months of the policy implementation (from January 1, 2024, to December 31, 2025), an individual who does not possess the CHW Training Program Pathway qualifications will be permitted to temporarily deliver CHW services and seek reimbursement if the individual meets the following criteria:

1. Has completed 1,000 hours of experiential learning in the previous three years; and
2. Has a plan for completing a CHW training program, as described above.

A CHW certified through the Work Experience Pathway must complete their MDHHS-approved CHW training program by December 31, 2025, to maintain their eligibility to continue delivery of CHW services for Medicaid reimbursement.

All CHWs are required to maintain a minimum of six (6) hours of continuing education through an MDHHS-approved CHW training program annually that aligns with the C3 Project core competencies. Appropriate documentation must be provided to the MDHHS designated contractor to remain in good standing on the MI Medicaid CHW Registry.

Provider Enrollment

After verification of qualifications by the MDHHS designated contractor, certified CHWs seeking reimbursement for services to Medicaid beneficiaries are required to be Medicaid-enrolled providers. To enroll as a Medicaid provider, a certified CHW must complete an online application in CHAMPS and must enroll with an Individual (Type 1) National Provider Identifier (NPI) as a Rendering/Servicing-Only Provider. As part of the enrollment process, certified CHWs must associate themselves to at least one Medicaid-enrolled billing provider within CHAMPS. The billing provider must have a Group/Organizational (Type 2) NPI **or** be an Individual Sole Proprietor with an Individual (Type 1) NPI. Associated billing providers may be employers or organizations the CHW is contracted with to perform services.

Rendering/Servicing CHAMPS enrollment instructions can be found on the MDHHS Provider Enrollment page.

Individuals delivering CHW services to Medicaid beneficiaries are subject to all relevant policy provisions outlined in the MDHHS Medicaid Provider Manual, including the General Information for Providers Chapter.

Reimbursement Considerations and Billing Guidelines

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. One 15-minute increment equals one unit of service. The group size may not exceed 8 beneficiaries.

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

Claims Notes Section	Description (Based on Beneficiary Need – Covered Services)
C100	Chronic Health Condition – Health System Navigation and Resource Coordination
C200	Chronic Health Condition – Health Promotion and Education
C300	Chronic Health Condition – Screening and Assessment
C400	Chronic Health Condition – Other
S100	Social Need – Health System Navigation and Resource Coordination
S200	Social Need – Health Promotion and Education

Claims Notes Section	Description (Based on Beneficiary Need – Covered Services)
S300	Social Need – Screening and Assessment
S400	Social Need – Other
P100	Pregnancy and up to 12 months Postpartum – Health System Navigation and Resource Coordination
P200	Pregnancy and up to 12 months Postpartum – Health Promotion and Education
P300	Pregnancy and up to 12 months Postpartum – Screening and Assessment
P400	Pregnancy and up to 12 months Postpartum – Other
T100	Other Eligibility – Health System Navigation and Resource Coordination
T200	Other Eligibility – Health Promotion and Education
T300	Other Eligibility – Screening and Assessment
T400	Other Eligibility – Other

Medicaid-enrolled groups/organizations billing for CHW services must report the enrolled CHW as the rendering/servicing provider within the appropriate field on the claim. The CHW reported as the rendering/servicing provider must be enrolled in CHAMPS on the date of service reported on the claim.

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 FFS reimbursement through CHAMPS.

Service Limitations

CHW services are limited to 2 hours (8 units) per day and 16 visits per month, for a maximum of 32 hours (128 units) per month, per beneficiary. This limit may be exceeded based on medical necessity determined in collaboration with the recommending licensed provider and requires 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.

CHW services billed by clinics 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 beneficiary 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.

Health Homes

A CHW can serve as a member of the Health Home Care Team (HHCT) as well as be a staff member of the FQHC/Designated Health Home Partner. The goal of this policy is for CHWs and Health Homes to complement each other and work together for the benefit of the beneficiary. 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. CHW services may not be duplicative of the monthly core services being claimed by a Health Home.

Certified Community Behavioral Health Clinic (CCBHC)

A CHW can serve as part of the CCBHC demonstration staffing structure and associated costs can be included in the PPS rate. If CHW costs are included in a CCBHC's PPS rate, the CCBHC shall not seek additional Medicaid reimbursement for CCBHC-related activities provided by the CHW. Additionally, when CHW costs are included in the PPS rate, CCBHCs must ensure that CHWs operate within requirements of the CHW policy.

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, and may not seek additional reimbursement.

Manual Maintenance

Retain this bulletin until the information is incorporated into the MDHHS Medicaid Provider Manual.

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Health and Human Services, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mailed to ProviderSupport@michigan.gov. When you submit an e-mail, be sure to include your name, affiliation, NPI number, and phone number so you may be contacted if necessary. Typical Providers may phone toll-free 1-800-292-2550. Atypical Providers may phone toll-free 1-800-979-4662.

An electronic copy of this document is available at www.michigan.gov/medicaidproviders >> Policy, Letters & Forms.

Approved

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