

Community Health Worker FAQ

FAQs compiled from the Community Health Worker Presentation held January 13, 2023

Provider Qualifications:

Will CHWs be required to have a state license along with the CHW certificate?

Licensure for CHWs does not currently exist in the state of Michigan. MDHHS and the Medicaid program are not pursuing this as a requirement for the delivery of CHW services and reimbursement.

What are the professional qualifications of a CHW worker to get reimbursement for Medicaid services?

MDHHS is exploring education and training requirements for CHW reimbursement. One of the primary attributes of Community Health Workers, and their success is that they are representative of the community they serve, often delivering services that bridge clinical and community settings. MDHHS will not expect CHWs to hold licenses or professional qualifications beyond those necessary to deliver CHW services.

What professions/job titles can be recognized as a CHW?

To enroll, deliver, and seek reimbursement for CHW services, providers must meet all requirements outlined in the final Medicaid policy bulletin, regardless of organizational job title.

What are the training curriculum and/or core competencies MDHHS will recognize for Community Health Worker (CHW) reimbursement? How are these training standards decided? Will we be able to train our own CHWs?

MDHHS is considering national core competency standards alongside existing training efforts in our state to establish an inclusive formal training curriculum for CHW Medicaid enrollment. MDHHS is exploring the appropriate training programs and pathways that will be recognized for CHW services.

Will CHWs be trained on the myHealthButton/myHealthPortal applications that MDHHS built for Medicaid beneficiaries?

MDHHS is analyzing specific training needs CHWs must possess to serve Medicaid beneficiaries. The myHealthButton/myHealthPortal are included in the analysis.

Interested parties can visit MPHI's training site at <https://www.eventbrite.com/o/mphi-hit-hie-engagement-team-17299656807> for myHealthPortal/myHealthButton learning opportunities.

What CHW certifications are recognized by MDHHS for Medicaid reimbursement of CHW services? Who is going to be responsible for verifying the CHW's credentials?

The Department is considering utilizing an independent certifying body to manage credentialing and possibly creating a CHW council to vet training/certification programs. No decisions have been made yet.

Do CHWs require annual recertification?

MDHHS is conducting an assessment of both initial training/education requirements for CHWs within the Medicaid program, as well as required maintenance of those credentials.

Will CHWs need to be enrolled as individual sole proprietors or can they be enrolled through an agency or organization? What agencies or organizations can enroll/bill for CHWs (such as AAAs, hospitals, EDs, etc.)? Community-based organizations (CBOs) are currently not Michigan Medicaid-recognized organization for Medicaid reimbursement, yet many CHWs work for CBOs; will CBOs be able to be the billing provider for CHW services?

By enrolling in CHW services under the 'preventive services' definition, enables CHWs to be an individual sole proprietor who can enroll in CHAMPS and be paid directly. CHWs also can enroll as a rendering servicing provider and associate to an agency or organization, where the individual is reimbursed by the agency/organization. CBOs could be considered the agency/organization. CHAMPS provider enrollment information can be found on the [MDHHS Provider Enrollment webpage](#).

Will CHWs be required to have a supervising provider? Other licensed professionals require supervision, why would CHWs be exempt from that requirement?

CMS recognizes CHWs as non-licensed providers who can provide preventive services within their scope that do not require supervision from a licensed provider. Because MDHHS is proposing to incorporate CHWs in the "preventive services" category of Medicaid, CHWs are not required to have a supervising provider. CHWs will collaborate with licensed providers, including the required recommendation from a licensed provider to start CHW services.

Can a CHW who is certified in Michigan work in another state?

Requirements for CHWs vary by state. You would need to check with the other state to confirm whether a Michigan CHW is qualified as a CHW in that state. This policy will only apply to Michigan Medicaid.

Covered Services:

What are the covered CHW services? Are there services not covered by CHWs?

The proposed service categories include Care Coordination and System Navigation; Outreach and Direct Service; Coaching and Social Support; Advocacy, Organizing, and Cultural Mediation; Health Promotion and Education; and Screening, Evaluation and Research. Non-covered services include activities that specifically require a professional license, and transportation services. The list of included and excluded services is not final and is subject to change in response to emerging policy considerations.

What is the difference between a “recommendation” and a “referral” from a licensed provider for CHW services? Why is a referral not required for CHW services? What licensed providers are acceptable for the recommendation?

A “referral” is the formal process requiring a written order from a primary care provider to see a specialist or get certain medical services. A “recommendation” does not require a formal/written order, however, would need to come from a licensed provider.

Do CHW services require prior authorization?

At this point, MDHHS does not expect to require prior authorizations. As we learn more about the provider and utilization, MDHHS can revisit.

One of the CHW services listed was “community outreach.” What does community outreach look like for a CHW?

MDHHS is still assessing these criteria at this time.

Claims & Reimbursement:

Would CHW services of less than 30 minutes be reimbursed?

The 98960, 98961, and 98962 service codes presented in the January 13, 2023, webinar that the Michigan Medicaid program is currently considering are all 30-minute units.

Generally, for services that are 30-minute units, a provider would need to deliver at least 16 minutes of service for the encounter to be billable.

Leveraging stakeholder feedback, MDHHS continues to explore other coding options beyond those presented in the January 13, 2023, webinar.

Will CHW service claims be able to be submitted on the same day of service as other providers (such as medical, behavioral, dental, or doula services)?

The final Medicaid bulletin will clarify details around billing for institutional settings, place of service, or impact across other Medicaid programs.

The rates for CHW services shared during the presentation seem low, lower than current CHW pay in other jobs. These low rates will lead to CHWs rushing services and would require multiple sessions for one beneficiary. How will these low rates support the CHW professionals and encourage CHWs to want to provide Medicaid reimbursable services?

MDHHS is still assessing the rates for these applicable services. MDHHS appreciates the feedback and will keep the comments in mind when finalizing rate development.

Will CHWs be reimbursed for travel for in-home visits? Are there different rates for in-person, telehealth, telephonic, and in-home visits?

MDHHS anticipates that CHW services will be face-to-face encounters (in person or via audiovisual telehealth). CMS does not allow state Medicaid programs to cover travel expenses, however, we will continue to explore opportunities to support various service delivery modalities (such as telephonic visits).

What is the definition of service codes 98960, 98961, and 98962? Are these the only service codes that CHWs will be able to bill for? Do these codes require a separate Medicaid contract?

The definition for these three service codes is self-management education & training, face-to-face for 1 patient, 2-4 patients, and 5-8 patients, respectively. MDHHS is continuing to assess the allowable services codes billable by CHWs. There would not be a separate Medicaid contract required, though providers delivering CHW services would need to be enrolled in CHAMPS to receive fee-for-service reimbursement.

Are there limits to how many CHW service units may be billed for each beneficiary? Why does MDHHS have limitations on CHW services?

MDHHS is assessing the application of service unit limits on CHW services.

Medicaid applies limits to support the appropriate evaluation and monitoring of services across the program.

CHW Services and Medicaid Health Plans:

What is an MLR? Will CHW billing codes be used in the calculation of MLR?

MLR is a medical loss ratio and is only applicable to Medicaid managed care plans. It is expected that CHW services would be included in the MLR calculations for the applicable plans.

Will CHW Medicaid reimbursement impact existing Medicaid programs (such as managed care plans and Medicaid outreach funding that local health departments currently receive)?

MDHHS is continuing to assess the potential impacts of formally introducing CHW services across the Medicaid program and how to support and coordinate across existing service delivery where appropriate.

With CHW services soon being Medicaid billable, does that mean an increase in pay for CHWs?

This policy intends to allow for the fee-for-service reimbursement of CHW services.

Will reimbursement for CHW services come directly from Medicaid or through Medicaid Health Plans? What happens if reimbursement rates for CHW services from a health plan are much higher than the fee-for-service rates presented in the webinar?

This policy would apply to the Medicaid fee-for-service program. There will not be a requirement for Medicaid Health Plans to reduce rates to the fee-for-service levels if they provide higher rates.

Beneficiary Eligibility:

Who will be eligible for CHW Services?

Conditions that may define a beneficiary's eligibility for CHW services include the following:

- Diagnosis of one or more chronic health conditions including behavioral health;
- Suspected or documented unmet health-related social needs; or
- Pregnancy; and post-partum

How would a CHW document the recommendation and eligibility for CHW services?

The CHW would need to document the licensed provider who recommended services for a beneficiary and the date of recommendation. We are working on what acceptable documentation looks like for CHW services, stakeholders should anticipate it to align with existing Medicaid guidelines on record keeping.

Pregnancy is being considered as eligibility for CHW services. Could infancy (0-12 or 0-18 months) be included in beneficiary eligibility?

MDHHS is still assessing these criteria at this time.

Will CHW services require a copay for Medicaid beneficiaries receiving services?

No. Co-pays will not be assessed for CHW services.

General:

What are the settings of CHW services? Can services be offered in institutional settings (such as skilled nursing facilities or hospitals)?

MDHHS is still assessing these criteria at this time.

What is a CHW's role in regard to reporting abuse or neglect of a population and is there a State Agency within MDHHS that CHWs would report this neglect to?

Per statute 400.11a " A person who is employed, licensed, registered, or certified to provide health care, educational, social welfare, mental health, or other human services; ... who suspects or has reasonable cause to believe that an adult has been abused, neglected, or exploited shall make immediately, by telephone or otherwise, an oral report to the county department of social services."

Will the CHW policy include a process for evaluating the success of CHW services in MI Medicaid?

MDHHS has not identified an evaluation strategy at this time, however, is committed to monitoring the implementation of this new policy.

When will the CHW policy go into effect?

MDHHS is targeting an August 1, 2023, effective date. However, this date is subject to the public comment process and ultimately Centers for Medicare and Medicaid Services approval.

What education, information, and support will CHWs, and their employers receive before the implementation of CHW services in Medicaid?

We acknowledge this will be a learning curve for providers and will look to assisting as we roll out the policy.

How will MDHHS protect the CHW role as its profession and not have RNs or Licensed Social Workers being considered as CHWs?

Nurses and social workers in Michigan both have a defined scope of practice. Michigan is not making changes to the established scope of practice for these professions as a result of this work.

Will there be additional opportunities for external stakeholders to engage with MDHHS on CHW services? How can external stakeholders contact MDHHS staff to collaborate/provide additional feedback?

MDHHS plans to hold additional stakeholder opportunities for feedback in the future. Please visit the [Provider Support Training page](#) to stay up to date on upcoming webinars related to CHWs.