Kentucky Department for Public Health

CHW Medicaid Billing Best Practice Guide

Our mission is to improve the health and safety of people in Kentucky through prevention, promotion and protection.

Kentucky Public Health

Prevent. Promote. Protect.

Revised:

Contents

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Introduction

As of July 1, 2023, Kentucky Medicaid recognizes the important role Community Health Workers (CHWs) play in improving health outcomes and now reimburses for their services.. This guide is designed to provide health care providers with essential information, strategies and best practices to navigate the billing process efficiently and maximize reimbursement opportunities, ensuring that CHWs can continue to deliver essential care to our communities.

This guide is divided into two essential sections:

- Section1: General Billing Guidance and Best Practices
- Section 2: Billing Considerations for Federally Qualified Health Center (FQHC) and Rural Health Center (RHC)

Section 1: General Billing Guidance and Best Practices

What is a Community Health Worker?

Kentucky has adopted the American Public Health Association (APHA) definition of a Community Health Worker (CHW).

> "A community health worker 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 health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery." (APHA, 2018)

CHWs are unique because they are from the community they serve and are often referred to as, "the missing piece" or "the bridge", as they help their clients identify and overcome barriers. While CHWs typically focus on social determinants of health (SDOH), they also provide health coaching, social sup and port advocate for their clients. In Kentucky, CHWs who complete the certification process (see page 3), can be referred to as Certified CHWs (CCHWs). Throughout this document, the term CHW is used to refer to both CCHWs and non-certified CHWs, but the term CCHW specifically references those who have been certified.

CHW Scope of Work and Competencies

According to Kentucky Administrative Regulations (KAR), the CHW Scope of Practice includes the activities outlined in Table 1.

Table 1 - CHW Scope of Practice

CHW Scope of Practice	
Provide cultural mediation among individuals, communities and health and social service systems	Provide culturally appropriate health education and information
Provide care coordination, case management and system navigation services	Provide coaching and social support
Advocate for individuals and communities	Build individual and community capacity
Provide direct services	Implement individual and community assessments
Conduct outreach	Participate in evaluation and research

Source: 902 KAR 21:040

CHW Training and Certification

Requirements for CHWs are governed by Kentucky Revised Statute (KRS**)** 205.648 and 907 KAR 3:310, "Community Health Worker services and reimbursement."

KRS 309.460, 309.462 and 309.464 outline the statutory requirements regarding CHW certification, continuing education, certification renewal and the duties of the Department for Public Health.

The Office of Community Health Workers outlines the certification process in a manual found on the KOCHW website: Community Health Worker Certification Manual 2023.

To be eligible for reimbursement, a CHW must have active certification and must:

- Be a legal United States resident;
- Live and/or work in the state of Kentucky;
- Be at least eighteen (18) years of age;
- Must not be on the Medicaid excluded provider list; and
- Meet and maintain the certification or recertification requirements.

CHWs are responsible for maintaining active certification status in the state of Kentucky. To confirm that a CHW holds an active certification in Kentucky, refer to the CHW Certification Registry or contact the KOCHW certification coordinator at CHW.Certification@ky.gov.

Kentucky CHW competencies are the baseline skills that all CHWs are expected to demonstrate and are listed in Figure 1. Please refer to the CHW Certification Manual for detailed descriptions and sub-competencies.

Figure 1: CHW Core Competencies

The Kentucky Office of Community Health Workers (KOCHW) is the credentialing body for CHWs in Kentucky. The KOCHW exists to support, strengthen and promote the sustainability of the CHW profession. For additional information on the KOCHW, please review the KOCHW one-pager.
There are two tracks to certification: Training and Mentorship and Work Experience. The details of these tracks are below in Table 2.

Table 2: Kentucky CHW Certification Track Requirements

Training and Mentorship	Work Experience
40 hours of foundational training from a KOCHW approved training organization and 8 hours of Mental Health First Aid and copies of certificates	2,500 hours of verifiable experience as a CHW within the last 3 years
40 hours of mentorship/field experience	Official job description(s)
Letter of reference	Letter of reference
Mentorship letter	Work experience letter

For additional details regarding the certification process, please refer to the CHW Certification Manual, one-pager and KOCHW webpage.

Providers Eligible for CHW Reimbursement

Providers billing for CHW services must be enrolled in Kentucky Medicaid and hold the necessary credentials to provide these services. Kentucky statute defines which provider types can ***order and approve*** CHW services, and which provider types can ***bill*** for CHW services. These are listed in Table 3 below.

Table 3: Medicaid Ordering vs Billing Providers

Can Order and Approve CHW Services	Can Bill Medicaid for CHW Services
Physician (MD/DO)	Physician Offices – 64, 65
Physician Assistant	Physician Assistant – 95
Nurse Practitioner	Nurse Practitioner - 78
Certified Nurse Midwife	Nurse Midwife – 72
Dentist	Dentists – 60, 61
Optometrist	Optometrist - 77

	Certified Community Behavioral Health Centers (CCBHS) - 16
	Federally Qualified Health Centers (FQHC) - 31
	Rural Health Centers (RHC) - 35
	Community Mental Health Centers (CMHC) - 30
	School Services - 21
	Local Health Departments – 20, 71
	Behavioral Health Services Organizations (BHSO) – 03
	Behavioral Health Multi-Specialty Group – 66

The Department of Medicaid Services (DMS) states that the patient does ***not*** have to be seen by a medical provider before ordering CHW services. However, services must be ordered and approved by an approved provider type and the patient must have a clearly documented need for CHW services in their record (See Appendix G). The services must be related to a medical intervention outlined in the individual's care plan.

Standing Orders

DMS allows the use of standing orders for CHW services where appropriate. A standing order template recognized as best practice by the Kentucky Board of Nursing can be found in Appendix C of this guide. Standing orders should include the following information:

Title and purpose: Clearly state the title of the standing order and its purpose, including the specific CHW services and health goals they aim to achieve.

Scope of practice: Define the specific tasks and responsibilities CHWs are authorized to perform under the standing order.

Target population: Specify the patient population for which the standing order is applicable, such as age group, specific medical condition or other defining characteristics.

Criteria for implementation: Define the conditions or scenarios under which the CHW should activate the standing order, such as when a patient presents with specific social needs or health education opportunities.

Authorized personnel: Identify that the standing order is specifically for CHWs, detailing any qualifications or training required for them to execute the tasks.

Specific interventions: Provide detailed instructions on the interventions CHWs are authorized to perform: This might include:

- Conducting basic screenings (e.g., blood pressure)
- Providing health education and counseling on topics like nutrition, exercise, medication adherence or disease prevention
- Facilitating access to health care services by helping patients schedule appointments or providing transportation assistance

- Performing home visits for follow up care or monitoring
- Collecting and documenting patient data relevant to the intervention

Documentation Requirements: Specify what CHWs should document, such as patient interactions, health education provided, referrals made and any observations or patient feedback.

Communication and referral protocols: Outline how CHWs should communicate with other health care providers or refer patients to higher levels of care when necessary, including the process for escalating concerns.

Follow up procedures: Describe any follow-up actions the CHW should take, such as scheduling additional visits, ensuring patients attend appointments, or monitoring progress toward health goals.

Safety and precautions: List any safety protocols CHWs should follow, including recognizing when a situation is beyond their scope and requires referral to a healthcare professional.

Supervision and oversight: Specify the role of supervising healthcare professionals, such as physicians, in providing guidance and oversight to CHWs implementing the standing order.

Review and renewal process: Include information on how often the standing order should be reviewed, updated and reauthorized, as well as the responsible party for this process.

Approval and authorization: Provide the names and titles of the healthcare professionals who approved the standing order, along with the date of approval.

References: Cite any clinical guidelines, best practices, or other sources of evidence that informed the standing order.

It should be noted that CHWs cannot be enrolled in Medicaid as independent participating providers. Claims should be billed under an eligible Medicaid Provider (see Table 3).

For Medicaid, the use of a CHW to provide services will be indicated by a UB modifier on the claim. CHW notes should also include the name of the certified CHW providing CHW services; however, the name will not be included on the claim.

Billable CHW Services

To be billable, CHW services must be ordered or approved by an ordering provider and delivered according to a plan of care approved by the provider. They may include the services described in Figure 2.

Figure 2: Services provided by CHWs

Health System Navigation and Resource Coordination	Health Promotion and Coaching	Health Education and Training Consistent with Health Standards
• Helping a patient find providers to receive a service • Helping a patient make an appointment for a service • Arranging transportation to a medical appointment • Attending an appointment with a patient • Helping a patient find other relevant community resources and programs such as support groups, food patnries, utility assistance, and programs addressing social determinants/drivers of health	• Providing information or education to patients that make positive contributions to their health status inclluding: • Cessation of tobacco use • Reduction in the misue or alcohol or drugs • Improving nutrition • Improving physical activity • Family planning • Control of stress	• Immunizations • Prevention and control of high blood pressure • Prevention and control of diabetes • Control of sexually transmittable infections • Prevention and control of asthma triggers • Identification of hazards in the home and control of toxic atents • Accident prevention • Prevention of dental caries • Self-management of physical, dental and/or mental health

Please note that not all CHW services and work are reimbursable. Per the CHW scope of practice (above), CHWs will provide services that Medicaid cannot reimburse.. For example, a CHW may not be reimbursed by Medicaid for transporting a client to and from appointments or for the time spent traveling between locations.

Electronic Health Record (EHR) Best Practices

The method of adding the CHW to the Electronic Health Record (EHR) will depend on the specific EHR used. The CHW will need the following abilities:

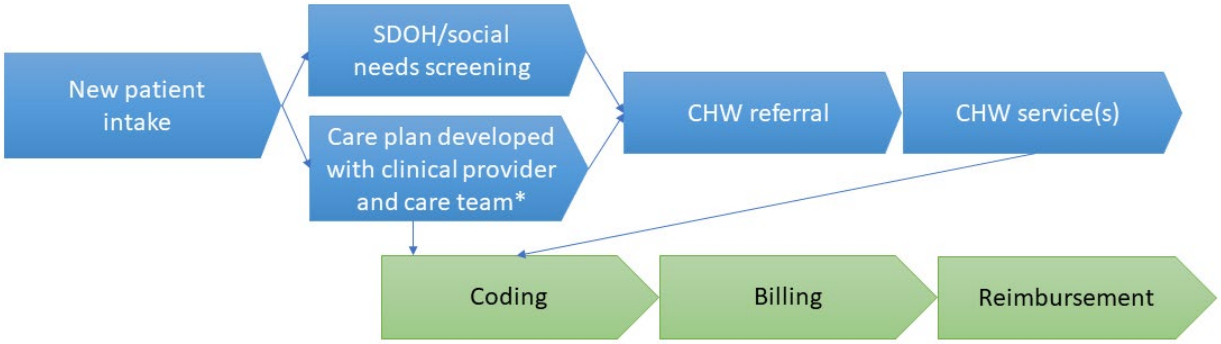
- Sign encounters;
    - While CHWs will need to sign their encounters, claims should not be submitted with a CHW as the provider.
- Submit encounters to billing;
- Create an encounter; and
- Access and add new templates, including but not limited to Social Determinants of Health Screening Templates
- and the templates each organization determines are required to document CHW notes.

Organizations should also have a written process or processes to demonstrate that CHW services are reviewed and approved by the ordering provider. Clearly demonstrate the approval should DMS or another entity inquire. While not explicitly required by the regulations, providers signing off on CHW notes and/or care plans demonstrates that the ordering provider has reviewed and approved the CHW services.

Recommended Flow for CHW Services

Figure 3 illustrates a sample flow for CHW services, although this will differ by organization.

Figure 3: Sample flow chart for CHW services

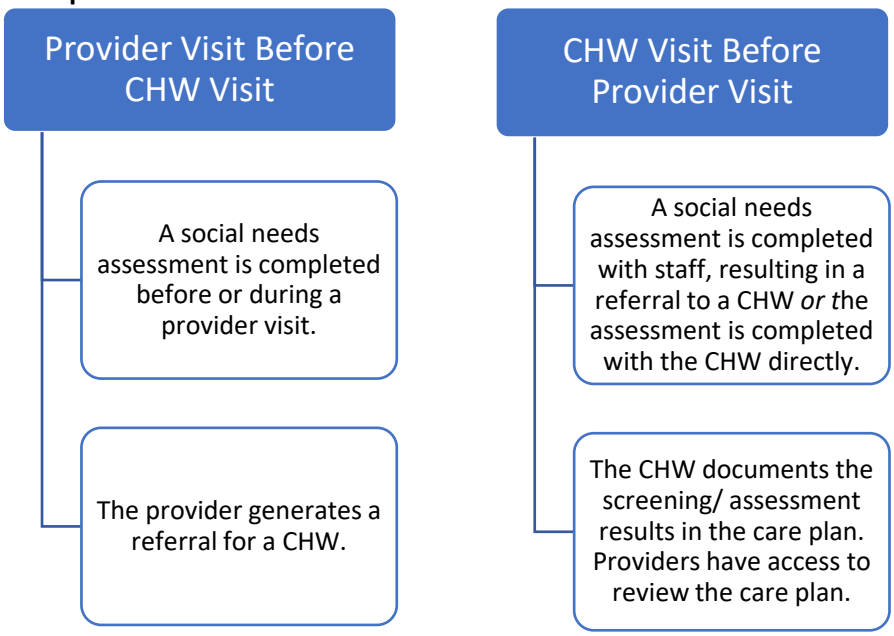


**CHWs should be included in implementation and modification of the care plan after referral and patient engagement with the CHW.*

Provider Visit

While Kentucky regulations do not require that a CHW complete a provider visit before receiving CHW services, it is best practice for the CHW service to be directly related to a provider service with a documented order or referral for CHW services. Figure 4 shows two examples of the sequence of visits and documentation:

Figure 4: Sample flow chart for assessment and referral



If organizational policy allows for CHW visits before a provider visit, it is recommended best practice to establish standing orders. Standing orders should include documentation of the population, qualifications for the standing order, processes for who can complete the order by proxy and how the order is documented in the electronic health record (see discussion of standing orders on page 5).

Further resources for documenting standing orders include:

- North Carolina Standing Order Template (This template is recognized by the Kentucky Board of Nursing as best practice for standing order templates, see Appendix C).
- Example Standing Order for Community Health Worker Services to Conduct Advanced Care Planning

Order/Referral to CHW Services

Kentucky Medicaid does not require an official referral to order CHW services; however, it is best practice for billing to document the order or referral in the patient's chart. See Appendix E for a sample paper referral form if needed.

The order/referral to CHW services should be documented in the electronic health record in a consistent location so that it can be easily tracked and monitored. The need for CHW services must be clearly demonstrated in the medical record. Patient needs can be documented by:

- Providing a social determinants of health (SDOH) pre-screen or assessment (see pages 10-12)
- Documenting the medical need for CHW services, including the diagnosis code as applicable, and/or
- Documenting the patient statement of need

The following are considerations for your CHW program referrals:

- Will referrals to CHW services be documented as part of existing referral management processes?

- Will CHW referrals be directed to one person and distributed?
- Will CHW referrals be directed to specific CHWs based on specialty?
- How will CHWs report the total number of referrals and closed referrals?
- How long will CHWs have to respond to referrals?
- How will CHWs track and monitor unresolved referrals?
- How long are CHW referrals valid?
- Demonstrate the provider's review of CHW services and their integration into a care plan.
    - Leverage the electronic health record (EHR) for a process that puts minimal burden on providers. Ex: Some EHRs have care plan templates that can pull in CHW services and will be signed off as a provider signs off on medical visits.

For more information, see the section on Standing Orders on page five.

Consent for CHW Services

Organizations should also have a system for requesting and documenting patient consent before they begin billable CHW services. Generally, consent for CHW services is provided during the first visit with the CHW. The practice can obtain the patient's consent verbally or in writing, but it should be clearly documented in the health record. A comprehensive consent form will include:

- A description of services, including
    - Benefits of CHW services
    - Risks associated with CHW services
- The potential for cost sharing for certain programs (Medicaid does not have a co-pay, but Medicare co-pays and sliding fees may apply)
- Patient rights and responsibilities
- CHW responsibilities, including
    - Parameters related to communication and the availability of CHWs are recommended, e.g., indicating that CHWs will only respond to communications during working hours.
- The length of services provided and when a patient will exit the CHW program (i.e., discharge from program, how to reengage, etc.).

It is best practice for the consent form to be signed by the patient and the CHW, which shows that both the patient and the CHW are agreeing to the terms of the consent form. While CHW services should have a distinct consent form from other service lines, it's possible to model the CHW consent form from an existing chronic care management consent form. A sample CHW informed consent form can be found in Appendix I.

Assessments

Screening clients or patients for needs related to the SDOH helps to assist them in meeting their health goals, facilitates referrals to CHW services and later provides documentation for services.
Many assessments may be used to justify CHW services. There are two key elements that should be included:

1. Justification from the ordering provider for the services. The justification can include results of a pre-screening, a patient statement of need, a medical diagnosis or the clinician's rationale for the need.

2. Result of a social needs screening/assessment. While there are many options for conducting a social needs screening, the tools used should be standardized and evidence based. The results of the screening should be recorded in the medical record and there should be a clear link between the assessment, the services the CHW provides and the patient's care plan.

CHWs should be included in the data collection discussions, and the screenings/ assessments should be operationalized into existing data collection and/or case management tools. Review the Social Needs Screening Toolkit for more guidance on selecting, implementing and sustaining a social needs screening process.

As supported by the Centers for Disease Control & Prevention and the CHW Center for Research and Evaluation, the Kentucky Office of Community Health Workers strongly recommends the use of a social needs screening tool. The Protocol for Responding to and Assessing Patient Assets, Risks and Experiences (PRAPARE*)* is commonly used across Kentucky.

PRAPARE Assessment

The PRAPARE is a validated and standardized tool used to identify barriers related to social determinants of health. It can be integrated into most electronic health records (EHRs) or administered using a hard copy. For organizations that want to start with a smaller subset of questions, the KOCHW recommends using the 'PRAPARE Light,' which consists of questions 7, 8, 12, 14 and 15 (see Appendix B). The KOCHW is currently working with the CHW Center for Research and Evaluation staff to align Kentucky with national efforts related to CHW data collection.

Other Assessments

Other assessments may be conducted as part of CHW services. The list below is not exhaustive and the assessments are not required but may support CHW services. CHWs should receive training appropriate for administering the assessment. For each assessment completed, include the results in the medical record.

- Self-Efficacy
  - General Self-Efficacy Scale
  - Diabetes Self-Efficacy
- Mental Health Screenings
  - Depression Screening: Patient Health Questionnaire-9
  - Anxiety Screening: GAD 7
- Intimate Partner Violence/Sexual Violence
  - HITS Screening Tool for Intimate Partner Violence/Sexual Violence
- Health Assessments
  - Self-Monitoring Blood Pressure Assessment
  - ASCVD Risk Estimator for Cardiovascular disease risk
  - Type 2 Diabetes Risk Test
- Health Literacy Assessment
  - REALM-SF: Rapid Estimate of Adult Literacy in Medicine - Short Form
  - Newest Vital Sign
- Nutritional Assessment

  - 24-hour Dietary Recall
  - MyPlate Plan
- Home Safety
  - Home Safety Self-Assessment Tool
- Physical Activity Assessment
  - International Physical Activity Questionnaire
  - Rapid Assessment of Physical Activity
- Medication Adherence
  - Morisky Medication Adherence Scale

CHW Care Plans and Documentation of Services

CHW services must be documented and signed by a certified CHW, approved by the ordering provider and recorded and kept in the patient's medical record. The following section describes best practices in documenting CHW Services.

Document the Patient's Care Team

Document the patient's care team members in the EHR and preferably in CHW notes. The care team should include, at a minimum, the provider ordering CHW Services and the assigned CHW. Also consider including:

- Behavioral Health Providers
- Pharmacists
- Nurse Care Navigators
- Care Managers
- Case Managers
- Dentists

Document the Date and Time of the Service

There must be a record of the date and time that CHW services were performed. Electronic Health Records will likely have these settings automatically applied to notes, but it is useful to develop a workflow/instruction for circumstances where the services occur on a date other than the date of documentation.

Document Time Spent with the Patient

Billing is based on 30-minute encounters. Document the start time, end time and total time providing services. Review the Electronic Health Record; many have time-keeping mechanisms that can make this easy and add it to the notes. Note that timestamping must show at least 16 minutes of services provided directly to the patient to bill for one 30-minute unit.

Document Care Plan Goals and Objectives

The patient care plan should include patient goals. Initially, the best practice is to have goals linked to patient assessment. As a CHW works with the patient, the goals and objectives may be met and change over time as the patient's needs change. Always include justification for the patient's goals and objectives, which can include additional assessments or documenting the patient's need (see Appendix D).

Objectives are the steps taken to reach the final goal. Care plan objectives should be SMART:

- **Specific:** Clearly define and articulate the objective.
- **Measurable:** The objective should include how progress will be measured.
- **Achievable:** Keep objectives realistic, considering both barriers and timeframes. Keep the patient's objectives focused on what they have control over. For example:
    - Objective within patient control: The patient will complete three housing applications with the assistance of the CHW within two months.
    - Objective not within patient control: The patient will get an apartment within two months.
- **Relevant:** The objective should be relevant to the patient's situation and to what the patient has identified as their primary needs. Make sure the patient's overall goals are tied to their assessments and stated needs. Patients should not have generic goals and objectives. They should be relevant to them and specific to their circumstances.
- **Time Bound:** Clearly define a timeline including a start and/or target date. Depending on the patient's goals and objectives, they may be staggered so that they are working on one at a time rather than all of them at once.

Document Interventions

Within the patient care plan, document the services provided to the patient. Each visit submitted for billing must demonstrate that billable services were provided (see discussion of billable CHW services on pages 6-7).

As stated above, not all services within a CHW's scope of work are billable. Generally, it is recommended to document patient services that are non-billable as part of the patient care plan. However, it is important to develop an internal process to distinguish billable and non-billable services and ensure that non-billable services are not submitted to Medicaid for reimbursement.

CHW Referrals to Resources

Patients receiving CHW services often need additional services. Each organization should develop a process for managing these referrals and tracking the referral cycle from placing the referral to closing the referral loop.

CHW referrals should be documented consistently that they are easily tracked. CHW referrals could be integrated into a provider's existing referral process or a separate process unique to CHWs. When documenting a referral, leverage the capabilities of the EHR, considering ease of access, integration into the care plan and the ease of tracking and reporting. Each referral should have the following elements:

- Patient name and identifiers,
- Type of referral, and
- Where the referral is being sent.

It is also a best practice to document:

- Whether the referral needs urgent attention,
- A timeframe for responses, and
- Reason for closing a referral.

Outline processes for closing referrals and how results of the referral should be documented. Consider setting guidelines for the number of outreach attempts, communication methods, how contact is documented for referrals, how long referrals are active and how and when referrals should be closed or cancelled.

Document Progress and Outcomes

Each note should include documentation of progress and outcomes for the specific encounter. It is also important to revisit the care plan to document progress towards the goals documented. When documenting patient progress for both encounters and general care plans, document any barriers the patient experienced in achieving their goals and how the CHW is helping the patient address the barriers.

CHW Sign-Off

CHWs must have the ability to sign off on their notes and the care plan. Include the CHW's certification number as part of the CHW sign-off and ensure that there is backup documentation showing the CHW's certification number and that their certification is active. CHWs are responsible for maintaining active certification status in Kentucky and are required to do so to bill Medicaid. To confirm that a CHW holds an active certification in Kentucky, refer to the CHW Certification Registry or contact the KOCHW at CHW.Certification@ky.gov.

Review of Care Plans

Define How the Patient Reviews the Care Plan

While not required by DMS, patients should have access to their care plans. Patient access to care plans can be provided through:

- Meetings with CHWs with patient sign-off,
- Meetings with CHWs with CHW documentation in their note that the patient reviewed and agrees with the care plan,
- Providing a printed copy of the care plan to the patient, and
- Providing an electronic version of the care plan in the patient portal.

Define How the Ordering Provider Reviews the Care Plan

Per DMS requirements, the ordering provider is not required to sign-off on CHW documentation prior to billing; however, each organization should have a plan and process for how providers will review CHW documentation. This can be accomplished by integrating care plan i with medical documentation, documenting care team meetings, documenting communication between the provider and CHW, among other measures

As a best practice, ensure that there is documentation within the EHR confirming that the provider has reviewed the care plan and CHW documentation. Many organizations that are successfully billing Medicaid for CHW services require a provider to sign off on CHW notes prior to billing. Other options include:

- Provider sign-off on the care plan at designated intervals.
- Incorporate review of the care plan and CHW documentation into the sign-off of medical notes. CHW care plans can be built into the provider workflow for review during medical visits.
- Document care team meetings between the CHW and Provider for specific patients.

Discharge/Discontinuing Services

Patients may be discharged from or discontinue CHW services for a variety of reasons, including:

- **Achievement of Goals**: Discharge CHW services when the patient has met the goals outlined in their care plan, such as improved health outcomes, increased self-management skills, or resolution of social needs.
- **Stabilization**: Discontinue services if the patient's condition or situation has stabilized to the point where CHW support is no longer necessary.
- **Transition to Higher-Level Care**: If the patient requires more intensive medical, behavioral or social services beyond the scope of CHW care, they should be referred to appropriate providers, and CHW services can be discontinued.
- **Lack of Engagement**: If the patient consistently fails to engage with CHW services despite multiple attempts to re-engage, the CHW services may be discontinued. This should be done after clear communication with the patient and efforts to understand and address barriers to engagement. Communication attempts should be documented in the patient chart before discharge from CHW care.
- **Patient Request:** If the patient requests to discontinue CHW services, their wishes should be respected after confirming that they understand the implications and have access to alternative support if needed.
- **Change in Eligibility:** If the patient no longer meets the criteria for CHW services (e.g., changes location or program eligibility), services may be discontinued with appropriate referrals to other resources.

As part of the discharge process, the CHW should review the care plan and update it as needed. The decision to discharge a patient from CHW services should be clearly communicated to the patient and should include a discussion of the next steps. As needed, provide referrals to other health care providers, social services or community resources to ensure continuity of care.
Depending on a patient's needs, it may be necessary to work with them on an emergency plan. This plan should guide a patient on how to seek help if their condition worsens or if they experience a crisis after CHW services are discontinued.

Billing for Services – Medicaid

Reimbursement rates for CHW services are documented in the Medicaid Physician Fee Schedule (PFS). This information is only applicable to billing for services provided to Medicaid members. Medicaid Fee for Services will also be reimbursed for CHW services. If a provider chooses to bill other payors, it is their responsibility to obtain the billing rules and limitations for each payor.

Billing Codes

CHWs can bill for both individual and group services, as outlined in Figure 5.

Figure 5 – CHW Fee Structure

CPT 98960	CPT 98961	CPT 98962	D9994
• 1 patient • $22.53 per 30 minute increment	• 2-4 patients • $10.88 per patient, per 30 minute increment • Total Per 30-minute increment: $21.76 - $43.52	• 5-8 patients • $8.03 per patient, per 30 minute increment ○ Total per 30 minute increment: $40.15 - $64.24	• 1 patient • $22.53 per 30 minute increment billable by dental health providers

According to DMS, to bill CHW services for 30 minutes, the CHW would need to spend a minimum of 16 minutes with the individual. There are no place of service requirements or restrictions for CHWs. These services may be provided in-person or via telehealth, with services in both settings reimbursed at the same rate.

There is an annual limit of 104 units **per year, per provider group**. For example, if a patient receives 25 billable units of CHW services at a Federally Qualified Health Center (FQHC) and then starts working with a CHW at a Local Health Department, the Local Health Department can still bill up to 104 units. The services provided by the CHW at the FQHC are under a different provider group type. Local Health Department Organizations should ensure that they are tracking their billed units.

For additional information, please refer to the DMS Physician Fee Schedule and Frequently Asked Questions (see Appendix G).

UB Modifier

A UB modifier should be added to claims to demonstrate that care was provided by someone other than the billing provider. For FQHCs, this requirement is outlined in the Medicaid Provider Billing Manual.

Place of Service

There are no place of service requirements or restrictions for CHW services, although the place of service codes should accurately reflect the location where the service was provided.

Diagnosis Codes

Documentation for Medicaid billing requires the use of diagnosis codes listed in the ICD-10 manual. While most codes are used to describe an illness or complaint that led to the visit, Z codes are used for other reasons that lead to contact with the health care provider. Z codes are listed in Chapter 21 of the ICD-10 manual and provide information about the patients that helps to document their treatment. Some of these Z codes are related to the SDOH and, therefore, relate to many of the services provided by CHWs. To use Z codes for reimbursement, the codes used must been accompanied by supporting documentation. Using the PRAPARE screening is considered a best practice for documenting and justifying the need for a service or resource.

Not all SDOH codes can be billed as primary diagnoses, including the most common SDOH codes. If a claim is submitted with a Z code that is indicated as "Unacceptable Primary Diagnosis" in the ICD-10 Manual, it will likely be denied ("invalid diagnosis code or does not meet the required level of specificity.")

There are multiple options for diagnosis codes, and it is important to involve relevant staff within the organization, including billing and coding staff, to outline the approach to billing. The following are examples of how CHW services may be coded:

- CHWs can use the medical diagnosis that resulted in a CHW referral as the primary diagnosis.
    - Example: I10 Essential (primary) hypertension as primary, Z59.41 food insecurity as secondary
        - If an organization chooses this method, it is best practice for the provider to include the medical diagnosis code on the referral to the CHW.
- CHWs can use their SDOH Assessment to identify patient needs and use Z codes that can be billed as primary.
    - Example 1: **Z13.9** Encounter for screening, unspecified as primary, **Z59.41** Food insecurity as secondary.
    - Example 2: **Z59.9** Problems related to housing and economic circumstances, unspecified as primary **Z59.00** Homelessness unspecified as secondary.

These examples are provided for illustrative purposes only. Please consult with the organization's billing staff for specific guidance.

CHWs should receive training in appropriate billing and coding when they begin their position and at regular intervals to ensure billing practices are compliant with Medicaid requirements.
For additional detail on using Z-codes to bill for CHW services, refer to the PRAPARE – Z Code Cross Walk, CMS Z Code Guide, and Z Code Cheat Sheet.

Tracking the Number of Billable Services

Per an update provided on May 6, 2024, and effective July 1, 2024, the limitation of two CHW service units per week per provider group has been removed (Appendix F). The annual limit of 104 units per year per provider group is still in place. CHWs within a provider group should develop a methodology to track the number of CHW encounters annually.

Troubleshooting Denied Claims

CHW claims can be denied for several reasons. It is important to track the claim status and ensure that claims are being reimbursed appropriately. If a claim is denied, there will be a reason for denial noted, which will help identify what may need to be done to correct a claim. Below are steps for troubleshooting denied claims based on common denials.

- Check with providers to make sure that the provider billing Medicaid is enrolled in the Medicaid program and is an approved provider (see list of eligible providers in Table 3 on page 4).
- Check for the UB Modifier.
    - Note: While Medicaid billing guidance requires the UB modifier, there have been reports that an MCO does not allow claims to be billed with the UB modifier. These claims should be tracked and reported to the MCO for resolution.

- For FQHCs, check if the CHW service was provided on the same day as another service.
    - A CHW service performed on the same day as another billable service will be included in the prospective payment system (PPS) encounter rate and not paid separately.
- Double-check diagnosis codes on the claims to make sure the primary diagnosis can be billed as primary.
- Check the patient's usage of CHW services to make sure they haven't received more than the allowable number of services.

Grants

If a billing provider receives federal, state or private grant funding supporting a CCHW, the provider cannot also bill Medicaid for services provided by that CCHW for a Medicaid member. The provider is responsible for maintaining records demonstrating that there was no duplication of funding for the CCHW and Medicaid reimbursement.

SECTION 2. FQHC AND RHC BILLING CONSIDERATIONS

CHW Credentialing and Privileging for CHWs in FQHCs

FQHCs with certified CHWs should include their CCHWs in their credentialing and privileging process to remain compliant with the Health Resources and Services Administration and Federal Tort Claims Act (HRSA/FTCA). Consult with the staff members within the organization to make sure CCHWs are integrated in this credentialing and privileging process. For more information, review requirements at the resources below:

- Federal Tort Claims Act Health Center Policy Manual
- HRSA FTCA Policies and Guidance
- FTCA Site Visit Protocol
- FTCA Application Procedural Demonstration of Compliance Tool

Wrap Payment

FQHCs and RHCs will not receive wrap payment if CHW service is the only service billed, it will be paid based on the fees above (wrap payments are state payments to FQHCs compensating for disparity between MCO payments and the FQHC's prospective payment system rate.)

.

If a CHW service is performed on the same day as another billable service, the CHW service will be bundled into the PPS rate.

Sliding Fee Scale

Now that CHW services are billable in the local health care market, these services should be included in an organization's fee schedule and Sliding Fee Scale policy.

Per the Health Center Program Compliance Manual Chapter 16: Billing and Collections elements A and B state:

a. The health center has a fee schedule for services that are within the HRSA-approved scope of project and are typically billed for in the local health care market.

b. The health center uses data on locally prevailing rates and actual health center costs to develop and update its fee schedule.

The health center can only have one fee schedule and should not have fee schedules based on payor sources. In addition, as stated in the Health Center Program Compliance Manual Chapter 9: Sliding Fee Discount Program element A and the corresponding footnotes:

> "The health center has a sliding fee discount program[2] that applies to all required and additional health services[3] within the HRSA-approved scope of project for which there are distinct fees.[4]
>
> [2.] A health center's sliding fee discount program consists of the schedule of discounts that is applied to the fee schedule and adjusts fees based on the patient's ability to pay. A health center's sliding fee discount program also includes the related policies and procedures for determining sliding fee eligibility and applying sliding fee discounts.
> [3.] See Chapter 4: Required and Additional Health Services for more information on requirements for services within the scope of the project.
> [4.] A distinct fee is a fee for a specific service or set of services, which is typically billed for separately within the local health care market."

Based on the elements from both chapters, health centers are required to bill all patients for CHW services, including uninsured patients. They are also required to have a sliding fee for the service for all patients (both insured and uninsured). While Kentucky Medicaid has no specific requirement to bill non-Medicaid patients, because of the way this is structured, *the Compliance Manual would require the health center to bill non-Medicaid patients.* The health center would have flexibility in the sliding fee discount program, as noted on page 22. Also, as a reminder, per Chapter 16: Billing and Collections element H, "the health center has and utilizes board-approved policies, as well as operating procedures, that include the specific circumstances when the health center will waive or reduce fees or payments required by the center due to any patient's inability to pay." If a fee or payment becomes a barrier to care, the health center may use its board-approved policies to reduce or waive that payment.
To work through organization-specific circumstances, use the BPHC Contact Form.

UDS Considerations

FQHCs and Look-Alikes are required to submit the Uniform Data System (UDS) report annually. This report includes several elements that apply to CHWs. Organizations should have a strategy for collecting and reporting these elements on the UDS reports. Key elements include:

1. **Countable Visits**

   To be counted as a visit for the purposes of UDS, visits must be between a patient and a licensed or credentialed provider who exercises independent professional judgement and provides individual services that are documented, and notes whether they are in-person or virtual.

   Community Health Worker (CHW) services can meet the threshold for a UDS (Uniform Data System) countable visit if specific criteria are met:

   - **Provider Type:** For a visit to be countable in the UDS, it generally needs to be conducted by a licensed provider (such as a physician, nurse practitioner, or behavioral health specialist) who is authorized to bill for services under the FQHC's scope of practice.

- **Billable Services:** If CHW services are provided as part of a billable service under the supervision or in conjunction with a licensed provider, and that service is billed under the licensed provider's name, the visit may be countable. For example, if a CHW conducts part of a care coordination visit and that visit is supervised and billed by a licensed provider, it could potentially be included in the UDS report.
- **Integrated Care:** If the CCHW's role is integrated into a visit that meets UDS criteria—such as a medical visit, behavioral health visit, or enabling service visit provided by a licensed provider—then the CCHW's contributions may be part of a countable visit.

Note that while group visits are allowable billable visits for CCHWs, HRSA does not consider CCHW group visits as countable visits. Behavioral health (mental health and/or substance use disorder) visits are the only type of visit that may be counted when conducted in a group setting. For UDS data mapping, double-check that CHW individual services are mapped as countable visits, but group visits are not.

2. **Patient Insurance Status** **(Patients by Zip Code Table and Table 4 of the Uniform Data System Manual)**
   CHWs can assist uninsured patients to enroll in Medicaid or other health plans. It may benefit the organization to train CHWs in updating patient insurance status so that it is pulled for the UDS report.

3. **Cultural Competence and Language Services** **(Table 3B of the Uniform Data System Manual)**
   CHWs often bridge cultural and language gaps between healthcare providers and patients. The UDS report includes data on the provision of language assistance services, where CHWs may be involved. Assess whether CHWs will document a patient's preferred language or communication method.

4. **Special Populations** **(Table 4 of the Uniform Data System Manual)**
   Patients may reveal details about their lives to CHWs that they don't share more broadly. Consider if CHWs in your organization should update information about these details, specifically if the client is unhoused.

5. **Staffing and Workforce** **(Table 5 of the Uniform Data System Manual,)**
   The UDS report requires reporting on the types and numbers of staff, including community health workers. This includes their roles, full-time equivalents (FTEs), and the services they provide. The 2024 UDS Manual states that if CHW time is dedicated to other enabling duties, such as eligibility assistance, outreach, or health education, report them by FTE as directed in Table 5.

6. **Health Outcomes and Disparities** **(Table 6B and 7 of the Uniform Data System Manual,)**
   CHWs play a crucial role in improving health outcomes and reducing disparities. Their work in patient education, outreach and follow-up care is essential for reporting on clinical quality measures and health outcomes, particularly in vulnerable populations. Consider if your CHWs will focus on supporting patients to meet clinical quality measures.

7. **Health Center Health Information Technology (Health IT) Capabilities** **(Appendix D of the Uniform Data System Manual)**
   Appendix D of the UDS report includes multiple questions related to CHW Services:
   - Does your health center collect data on individual patients' social risk factors, outside of the data countable in the UDS?
   - How many health center patients were screened for social risk factors using a standardized screener during the calendar year?
   - Which standardized screener(s) for social risk factors, if any, did you use during the calendar year?
   - Of the total patients screened for social risk factors, please provide the total number of patients that screened positive for any of the following at any point during the calendar year.
     - Food insecurity
     - Housing insecurity
     - Financial strain
     - Lack of transportation/access to public transportation

8. **Outreach and Enrollment** **(Appendix E of the Uniform Data System Manual,)**
   The UDS report collects data on community outreach and health education activities. CHWs are typically central to these efforts. CHWs should have a method to track the number of assists provided by trained enrollment assisters. Outreach and enrollment assistance comprises customized education sessions about third-party health insurance options. Recipients of these assists can include community members who do not otherwise receive services at the health center.

HRSA Scope of Project

A health center's HRSA scope of project should clearly demonstrate the CHW services provided. Ensure that CHW services are accurately represented on Form 5A, which may include providing the following services directly:

- Screenings
- Case Management
- Eligibility Assistance
- Health Education
- Outreach
- Transportation

CHWs also often provide services outside of traditional medical offices. These services may be provided at patient homes, at community events, with community-based organizations and more. While in most circumstances these locations would not be included on Form 5B, they should be represented on Form 5C.

Patient Centered Medical Home (PCMH) Considerations

The program structure can align with and support Patient-Centered Medical Home (PCMH) recognition by the National Committee for Quality Assurance . Identify who within the organization is responsible

for PCMH recognition submission and create a plan to support PCMH recognition. Below are the PCMH requirements that align with CHW services:

Team-Based Care and Practice Organization

- TC 06 (Core) Individual patient care meetings/communications: has regular patient care team meetings or a structured communication process focused on individual patient care.
- TC 09 (Core) Medical Home Information: Has a process for informing patients/families/caregivers about the role of the medical home and provides patients/families/caregivers with materials that contain information.

Knowing and Managing Patients

- KM 02 (Core) Comprehensive Health Assessment: Comprehensive health assessment includes: (elements below can be documented by CHWs, but more elements are included in this measure):
    - Family/social/cultural characteristics
    - Communication needs
    - Behaviors affecting health
    - Social functioning
    - Social determinants of health
- KM 03 (Core) Depression Screening: Conducts depression screening for adults and adolescents using a standardized tool.
- KM 04 (Elective) Behavioral Health Screenings: Conducts behavioral health screenings and/or assessments using a standardized tool (implement two or more).
    - Anxiety
    - Alcohol use disorder
    - Pediatric behavioral health screening
    - Post-traumatic stress disorder
    - Attention deficit/hyperactivity disorder
    - Postpartum depression
- KM 07 (Elective) Social Determinants of Health: Understands social determinants of health for patients, monitors at the population level and implements care interventions based on these data.
- KM 08 (Elective) Patient Materials: Evaluates patient population demographics/communication preferences/health literacy to tailor development and distribution of patient materials.
- KM 12 (Core) Proactive Outreach: Proactively and routinely identifies populations of patients and reminds them, or their families/caregivers, about needed services (must report at least 3 categories):
    - Preventive care services
    - Immunizations
    - Chronic or acute care services
    - Patients not recently seen by the practice
- KM 21 (Core) Community Resource Needs: Uses information on the population served by the practice to prioritize needed community resources.
- KM 22 (Elective) Access to Educational Resources: Provides access to educational resources such as materials, peer-support sessions, group classes, online self-management tools or programs.

- KM 23 (Elective) Oral Health Education: Provides oral health education resources to patients.
- KM 26 (Elective) Community Resource List: Routinely maintains a current community resource list based on the needs identified in KM 21.
- KM 27 (Elective) Community Resource Assessment: Assesses the usefulness of identified community support resources.
- KM 28 (Elective) Case Conferences: Has regular "case conferences" involving parties outside the practice team (e.g., community supports, specialists).

Care Management

- CM 01 (Core) Identifying patients for Care Management Considers the following when establishing a systematic process and criteria for identifying patients who may benefit from care management (practice must include at least three criteria):
  - Behavioral health conditions
  - High cost/high utilization
  - Poorly controlled or complex conditions
  - Social determinants of health
  - Referrals by outside organizations (e.g., insurers, health system, ACO), practice staff, patient/family/caregiver.
- CM 04 (Core) Person-centered Care Plans: Establishes a person-centered care plan for at least 75% of patients identified for care management.
- CM 05 (Core) Written Care Plans: Provides a written care plan to the patient/family/caregiver for at least 75% of patients identified for care management.
- CM 06 (Elective) Patient Preferences and Goals: Documents patient preferences and functional lifestyle goals in at least 75% of individual care plans.
- CM 07 (Elective) Patient barriers to goals: Identifies and discusses potential barriers to meeting goals in at least 75% of individual care plans.
- CM 08 (Elective) Self-Management plans: Includes a self-management plan in at least 75% of individual care plans.

Care Coordination and Care Transitions

- CC 13 (Elective) Connects to financial resources: Engages with patients regarding cost implications of treatment options, provides information about current coverage and makes connections to financial resources as needed.
- CC 16 (Core) Post-Hospital/ED Visit Follow-Up: Contacts patients/families/caregivers for follow-up care, if needed, within an appropriate period following a hospital admission or emergency department visit.

Quality Improvement

- QI 07 (Elective) Vulnerable Patient Feedback: Obtains feedback from vulnerable patient groups on the experience of disparities in care or services.

RESOURCES

- CHW Medicaid FAQ 11/1/2024 (Appendix G)
- CHW Provider Letter (dental)
- Kentucky Revised Statute (KRS) 309.460, 309.462 and 309.464
- Kentucky Administrative Regulation (KAR) 902 KAR 21:040
- KOCHW Webpage
- KOCHW One-Pager
- Core Competency One-Pager
- CHW Certification Registry
- PRAPARE Screening Tool
- Example Standing Order for Community Health Worker Services to Conduct Advanced Care Planning
- CMS Z Code Guide
- 2024 Kentucky Medicaid Physician Fee Schedule
- CHW Service Limitation Update (Appendix F)
- CHW Medicaid PowerPoint
- CHW Provider Letter (non-dental)
- Kentucky Revised statute (KRS) 205.648
- Kentucky Administrative Regulation (KAR) 907 KAR 3:310
- CHW Certification Manual
- Certification One-Pager
- KOCHW Supervisor Best Practices
- CHW Certification Online Application
- PRAPARE – Z Code Cross Walk
- North Carolina Standing Order Template (Appendix C)
- Z Code Cheat Sheet
- Sample CHW Informed Consent (Appendix I)

Appendix A – CHW Job Description/Posting Sample

Job Description: FQHC Community Health Worker

Characteristics of Work:

Under general directions, works with medical providers, primary care teams and social agencies to provide short-term care coordination in both clinical and community-based settings, including patients' homes.

Responsible for assisting patients with navigating the healthcare systems and troubleshooting barriers to patient care.

Examples of Work:

• Collaborates with healthcare teams, referral staff and community partners to identify those in need of care coordination.

• Connects patients with community services.

• Identifies gaps in healthcare services and develops program plans to meet those needs.

• Documents patient/worker activity for care coordination plans.

• Supports patients in promoting their health and managing their chronic illnesses.

• Contacts patients to inform them of or remind them about appointments and/or transportation plans

• Monitors the delivery and outcome of services provided to patients by medical facilities, social service agencies and community resources.

• Stay informed of changes to health insurance and healthcare systems

• Completes documentation required by funding sources and participates in program evaluation.

• Participates in staff community and statewide workgroup meetings.

• Performs related work as required.

Knowledges Skills & Abilities:

• Knowledge of [name of organization] policies and procedures and specific departmental policies and procedures.

• Knowledge of community resources, organizations, agencies and programs that provide social services and transportation.

• Ability to work with a multidisciplinary team.

• Ability to exercise judgment and sensitivity when investigating the background of patients and determining their needs.

• Ability to maintain confidential materials.

• Ability to communicate effectively in oral and in writing.

• Ability to operate office equipment (e.g., computer software, telephone, interpreter phones, copies, fax and other electronic communication methods).

• Ability to gather and analyze data.

Minimum Requirements

• High school diploma or its equivalent.

• Previous work experience participating in community outreach, conducting health promotion activities, or assisting patients with navigating the healthcare system, in a community health or social services setting.

• An equivalent combination of training and experience may be substituted as determined applicable.

Physical Requirements

• Lifts and moves up to 10 lbs.

Appendix B – Health/Social Needs Assessments

CHW programs should incorporate evidence-based assessments into their workflow. Assessments should be evidence-based and should address the following categories:

- Housing
- Food
- Transportation
- Utilities
- Interpersonal safety.

PRAPARE Assessment

The PRAPARE is a validated and standardized tool used to identify barriers related to social determinants of health and can be integrated into most electronic health records (EHRs) or administered using a hard copy. For organizations that may want to start with a smaller subset of questions, the KOCHW recommends using the "PRAPARE light," which consists of questions 7, 8, 12, 14 and 15.

Please note that the PRAPARE Light does not address interpersonal safety. Additional questions from the full PRAPARE tool, or another validated tool, should be added to ensure all categories are addressed.

PRAPARE Light

1. What is your housing situation today? (Choose one of the following.)
a. I have housing
b. I do not have housing (staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, or in a park)

2. Are you worried about losing your housing? (Choose one of the following.)
a. Yes
b. No

3. What is your main health insurance? (Choose one of the following.)
a. None/uninsured
b. Medicaid
c. CHIP Medicaid
d. Medicare
e. Other public insurance (not CHIP)
f. Other public insurance (CHIP)
g. Private Insurance

4. Are you or any family members you live with unable to get any of the following when it is really needed? (Check all that apply.)
a. Food
b. Clothing
c. Utilities
d. Childcare
e. Medicine or Any Health Care (Medical, Dental, Mental Health, Vision)

f. Phone
g. Other (enter written answer): _____

5. Does lack of transportation keep you from medical appointments, meetings, work, or from getting things needed for daily living? (Check all that apply.)
a. Yes, it has kept me from medical appointments or from getting my medications.
b. Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need.
c. No

Other Assessments
There are other assessments that may be conducted as part of CHW services. CHWs should receive training appropriate for administering the assessment. For each assessment completed, include the results in the medical record. All assessments should be evidence-based and include the five required categories. The Centers for Medicare & Medicaid Services (CMS) Accountable Health Communities (ACH) Health-Related Social Needs Screening Tool is one such tool; however, others may also be used.

Appendix C – CHW Standing Orders Template

*Standing Orders should be on organizational letterhead

Title of Standing Order:
Purpose Statement:

Condition or Situation	
Condition or Situation in Which the SO Will Be Used	
Assessment	
Assessment Criteria	
	Subjective
	Objective
Nursing Plan of Care	
Contraindications for Use of this Order	
Medical Treatment	
Nursing Actions	
Follow-up	
	Criteria for Notifying the physician/APP
Criteria for Notifying the Physician/APP	

Approved by: _____Date approved (or last reviewed): _____
(Signature of physician/APP)
**This template is intended to guide you in writing Standing Orders for your local agency. The areas in BLUE are the required components of a valid Standing Order according to the North Carolina Board of Nursing (NCBON). Please see the For Local Health Departments website or NCBON website for more guidance.

Appendix D – CHW Goal and Objective Setting and Progress Notes Template

*This should be on organizational letterhead
Client Name:_____
Date:_____

Goal:	**Start Date:**	**Completed:**
Objectives: (Actions to take to reach the goal. These should be SMART) **1.** **2.** **3.**		
On a scale of 1 – 10, confidence in completing this goal:		
Resources (internal and external) that will help reach the goal are: **Challenges that may get in the way are:** **Ways to overcome or resist these challenges are:**		

Next Meeting:

Date	**Time**	**Location**

Client Signature:_____ Date:_____

CHW Name:_____Date:_____

CHW Signature: _____

Progress Notes

Document the client's progress in implementing their goals, including successes and challenges.

Client Name:_____Date:_____

The client made the following progress in implementing their goals/action plan:
Challenges faced:
Changes to the goals/action plan:
Referrals provided:

Client's confidence on moving forward with their goals/action plan: _____

Next Meeting:

Date:	**Time:**	**Location:**

CHW Name:_____Date:_____

CHW Signature:_____

Appendix E – CHW Referral Form Template

*This should be on organizational letterhead.

_____ is being referred to the _____ for
(Name of client) (Name of organization)

Community Health Worker health education/ outreach/navigation and other services related to
_____

_____

Referral Contact Information:

Contact Person:	
Phone:	
Email:	
Address:	

Referral From:

Contact Person:	
Phone:	
Email:	
Address:	

If this is a self-referral, how did you hear about the program:
_____

_____

If you would like to speak to someone about this referral, please contact:
Insert contact information

_____ ___/___/___ ___:____ AM PM
CHW Name Date Time

Appendix F – Community Health Worker Service Limitation Update

Appendix G– Community Health Workers Kentucky Medicaid Frequently Asked Questions

Issued by the Kentucky Department of Medicaid Services on November 1, 2024

CHW Program Facts

- Requirements are governed by KRS 205.648 and 907 KAR 3:310, Community Health Worker services and reimbursement.
- Qualifications:
    - Legal United States resident;
    - Employed as a community health worker in the state of Kentucky;
    - Be at least eighteen (18) years of age; and
    - Meet and maintain the certification or recertification requirements.
- Practitioners allowed to order services:
    - Physician;
    - Physician assistant;
    - Nurse practitioner;
    - Certified Nurse Midwife;
    - Dentist; and
    - Optometrist.
- Provider Types allowed to bill services:
    - Physician Offices – 64, 65;
    - Certified Community Behavioral Health Centers (CCBHS) – 16;
    - Federally Qualified Health Centers (FQHC) – 31;
    - Rural Health Centers (RHC) – 35;
    - Community Mental Health Centers (CMHC) 30;
    - Local Health Departments (LHD) – 20;
    - Behavioral Health Services Organization (BHSO) – 03;
    - Behavioral Heath Multi-Specialty Group – 66;
    - Dentists – 60, 61;
    - Nurse Practitioner – 78;
    - Physician Assistant – 95;
    - Nurse Midwife – 72;
    - School Services – 21; and
    - Optometrist – 77.
- Services must be delivered according to a plan of care and may include:
    - Health system navigation;
    - Health promotion and coaching;
    - Preventative health training and assistance; and

- Health education and training.

- Billing codes include:
  - CPT 98960
    - 1 patient
    - $22.53 per 30-minute increment
  - CPT 98961
    - 2-4 patients
    - $10.88 per patient, per 30-minute increment
  - CPT 98962
    - 5-8 patients
    - $8.03 per patient, per 30-minute increment
  - D9994
    - 1 Patient
    - $22.53 per 30-minute increment
    - Billable by Dental Providers

- Federally Qualified Health Centers, Rural Health Centers or Certified Community Behavioral Health Center will **not** receive a wrap payment up to the daily Prospective Payment System (PPS) rate if this is the only service being billed. If it is the only service provided, it will be paid based on the fee schedule. If CHW services are provided on the same day as a service that does generate a wrap, then the CHW service will be bundled into the PPS rate.
- Managed Care Organizations (MCOs) will reimburse for CHWs. Reimbursement is determined by the provider's contract with the MCO. MCOs may also employ CHWs, but may not deny reimbursement to a provider based on duplication.
- Fee-for-Service (FFS) will reimburse for CHW services according to the FFS fee schedule.
- Hospitals utilizing CHW services are part of the Hospital Rate Improvement Program. They are not able to bill separately for the service.
- Community based organizations are not currently eligible for reimbursement for CHW services unless they are enrolled as an eligible Medicaid provider type or contract through an enrolled eligible Medicaid provider type.
- If a provider receives federal, state or private grant funding supporting a CHW, the provider cannot also bill Medicaid for services provided by that CHW for a Medicaid member. Provider must maintain records demonstrating no duplication of funding for the CHW and Medicaid reimbursement.
- Providers may contact KY_Provider_Inquiry@gainwelltechnologies.com for CHW billing questions.

Questions and Answers

Q: Is there a limit on the number of increments that can be billed per client per day or per month?
A: No more than 104 units per calendar year per provider type group as shown below.

- CHW service limitations to be by billing provider type. Provider types are broken down as follows:
    - Physician – 64, 65, 78, 95. These provider types equal one provider type. A total of 2 units per calendar week, regardless of whether the billing provider type is 64, 65, 78 or 95. A total of 104 units per calendar year, regardless of if the billing provider type is 64, 65, 78 or 95.
    - Behavioral Health – 03, 16, 30, 66. These provider types equal one provider type. A total of 2 units per calendar week regardless of whether the billing provider type is 03, 16, 30 or 66. A total of 104 units per calendar year, regardless of whether the billing provider type is 03, 16, 30 or 66.
    - Health Center – 20, 31, 35. These provider types equal one provider type. A total of 2 units per calendar week, regardless of whether the billing provider type is 20, 31, or 35. A total of 104 units per calendar year, regardless of if the billing provider type is 20, 31, or 35.
    - Dentists – 60, 61. A total of 2 units per calendar week and 104 per calendar year if the billing provider type is 60 or 61.
    - Nurse Midwife – 72. A total of 2 units per calendar week and 104 per calendar year if the billing provider type is 72.
    - School Services – 21. A total of 2 units per calendar week and 104 per calendar year if the billing provider type is 21.
    - Optometrist – 77. A total of 2 units per calendar week and 104 per calendar year if th billing provider type is 77.

Q: Will the medical provider first have to see the patient before ordering CHW services, or will they simply have to approve the services?
A: There is no requirement that the provider see the patient first. However, the patient's file should clearly document the need for the service.

Q: For CHWs working in behavioral health programs, are there plans to include changes so that an LCSW or LPCC can also order CHW services?
A: There are no current plans to change who can order the service. However, this change would require a State Plan Amendment. DMS plans to monitor the program and consider future changes as necessary.

Q: Will providers be able to bill for the CHW services on the same day as they see the provider, or will it have to be on a different day?
A: They may bill on the same day.

Q: Is there place of service restrictions for CHW services?
A: There are no place of service requirements or restrictions for CHW services.

Q: Will there be a simplified guide to billing Medicaid for CHW services, including documentation requirements?

A: Billing manuals will be updated for all eligible Medicaid providers on how to bill for the service. Documentation requirements are referenced in the administrative regulation.

Q: For CHWs holding health education classes, if there are more than 8 Medicaid participants, will they be able to bill Medicaid for the additional participants?
A: No, the maximum number to bill is eight according to the coding guidelines of the Centers for Medicare & Medicaid Services. Providers will need to ensure that a claim for Medicaid reimbursement is not submitted if the CHW delivering the service is funded through federal, state or private grants.

Q: If clients are getting services bundled together as part of the same wrap funding, are there guidelines around how CHW services will be billed in addition to those services?
A: Billing manuals will be updated for all eligible Medicaid providers on how to bill the service.

Q: If providers bill Medicaid for CHW services, are they required to bill non-Medicaid patients themselves for CHW services as well?
A: There are no requirements for non-Medicaid patient billing.

Q: If CHWs transport clients to appointments, are they able to bill for non-emergency medical transport (NEMT)?
A: The CHW would have to contract with the DMS NEMT contractor to provide and be reimbursed for those services. The current contractor is the Kentucky Department for Transportation, Office of Transportation Delivery, and may be contacted at 1-888-941-7433.

Q: How will Medicaid pay for travel time for CHW visits?
A: Currently, only 3 CPT codes and 1 D code are billable for CHWs; mileage is not reimbursed.

Q: What is an acceptable plan of care?
A: The plan of care would be the same as needed for that provider type in their current DMS billing manual or applicable regulation.

Q: Do providers send in CHW certifications?
A: No, providers will keep CHW certifications on file to ensure compliance in the event of an audit.

Q: What is the link for CHW certification?
A: Below is the link for certification and additional information.
https://www.chfs.ky.gov/agencies/dph/dpqi/cdpb/Pages/chwp.aspx

Appendix H– CHW Form and Template Checklist

CHW programs should use this checklist when establishing protocols and procedures.

Document	Template available	Guidance
CHW Job Description/Posting	Yes	Must be aligned with the approved CHW definition, core competencies and scope of work in 902 KAR 21:040. See Appendix A.
CHW Workflow	No	See suggested workflow on page 9.
Patient Registration and Consent	Yes	See Appendix I
Health/Social Needs Assessments	Yes	See Appendix B Assessments must be evidence-based and aligned, include questions on the following categories: 1. Housing 2. Transportation 3. Utilities 4. Food 5. Interpersonal Safety The PRAPARE is an excellent starting point, but not required. The CMS AHC HRSN screening tool addresses all required categories. Multiple tools can be used.
Goal and Objective Setting/Progress Notes	Yes	See Appendix D for the template. Goal Setting and Care Plans should include: 1. Client/Patient name 2. Date 3. Written goal and objectives a. Objectives should be SMART 4. Notes regarding progress or barriers to goals and objectives 5. CHW name and signature
Charting	No	See page 12-14 (CHW Care Plans and Documentation of Services) CHW charting must include: 1. Date of service 2. Start and end time 3. Referral from provider 4. Reason for referral 5. Outcome of visit 6. CHW signature
Referrals	Yes	See Appendix E. At a minimum, referrals should include:

		1. Name of Client 2. Date of referral 3. Purpose of Referral 4. Who/where the client is being referred 5. Contact information for referral (name, email, phone, address) 6. Name of CHW
Standing Order	Yes	See Appendix C. Strongly recommend the use of the North Carolina Board of Nursing template.

Appendix I: Sample Community Health Worker Informed Consent Form

Patient PT Number: _____

Community Health Worker Informed Patient Consent

Dear Patient,

You can participate in a program with [ORGANIZATION] to work alongside a Community Health Worker (CHW). Working with your healthcare team is a great way to stay healthy.

What is a Community Health Worker?

- Community Health Workers are not doctors, nurses, or social workers.
- Community Health Workers help people access resources, provide coaching and support and help people feel more confident in their health.
- CHWs are from the community and understand your needs.

What are some benefits of a Community Health Worker?

- CHWs can help find rides to visits with your providers, labs, or other healthcare appointments.
- CHWs can find and connect you to resources such as food, transportation, housing, health insurance and more. These resources are important to your overall health.
- CHWs can coach and provide health information with your healthcare team.
- CHWs can provide support and help you feel more confident in your healthcare.

***NOTE**: You must agree to receive Community Health Worker services before they can start.*

What do you need to know before signing up?

Community Health Worker services are covered by most insurances. However, you may have a coinsurance, copay, or deductible for these services.

If you are unable to pay your co-pay amount OR if this would create a financial barrier, please call our billing office at: **[ORGANIZATION BILLING PHONE NUMBER].*

You have a right to:

Stop CHW services at any time for any reason. The provider will continue Community Health Worker services until the end of the month and may bill for those services. After the end of the month, the provider will stop the Community Health Worker services and no longer bill for those services.

NOTE: *Only one provider can bill for this service in any given month. Please let your healthcare team or our staff know if you have completed a similar agreement with another provider or organization.*

The goal of [ORGANIZATION] is to make sure you get the best care possible from everyone who is involved with your health.

I agree to participate in the Community Health Worker Program. ❑ Yes ❑ No

Print Name: _____Signature: _____

Date:_____/_____/_____