

Community Health Worker Services Policy Manual

eMedNY New York State Medicaid Provider Policy Manual

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1 Links and eMedNY Contacts:

New York State Medicaid Updates

New York State Medicaid Updates are published monthly. Updates to the Community Health Worker (CHW) Services policy may be made periodically and posted on the New York State Medicaid program's Medicaid Update website. New York State Medicaid Updates are available at:

health.ny.gov/health_care/medicaid/program/update/main.htm

Provider Communications

Provider communications may periodically be posted on eMedNY's CHW Services Provider Manual website. Please follow the link provided and click on the *CHW Services Provider Communications* icon under "Featured Links" for further information visit:

[Provider Manuals \(emedny.org\)](https://www.emedny.org)

New York State Medicaid Fee-for-Service CHW Services Fee Schedule

The New York State Medicaid Fee-for-Service (FFS) fee schedule for CHW services is listed on each of the approved licensed, billing provider's FFS fee schedules. Fee schedules can be found in the eMedNY Provider Manuals:

[Provider Manuals \(emedny.org\)](https://www.emedny.org)

New York State Medicaid General Policy Manual – Information for All Providers

General Medicaid Policy information and billing guidance is available at: [eMedNY : Provider Manuals : Information For All Providers](https://www.emedny.org/provider-manuals/information-for-all-providers)

New York Codes, Rules and Regulations, Title 18 (Social Services)

[New York Codes, Rules and Regulations, Title 18 - New York State Department of Health \(ny.gov\)](https://www.nysenate.gov/legislation/codes/title-18)

New York Codes, Rules and Regulations, Title 10

[New York Codes, Rules and Regulations, Title 10 - New York State Department of Health \(ny.gov\)](https://www.nysenate.gov/legislation/codes/title-10)

Fee-for-Service Policy and Coverage Contact

Information (518) 473-2160 or
FFSMedicaidPolicy@health.ny.gov

Fee-for-Service Health Homes Billing Questions

(518) 473-5569 or healthhomes@health.ny.gov

eMedNY

General eMedNY website: <https://www.emedny.org/>
eMedNY Phone Number: (800) 343-9000

Provider Enrollment Forms: [Provider Enrollment \(emedny.org\)](https://www.emedny.org/provider-enrollment)

Change of Address for Enrolled Providers:
[Provider Enrollment - Change of Address \(emedny.org\)](https://www.emedny.org/provider-enrollment/change-of-address)

Contact eMedNY for the following: Billing Questions, Remittance Clarification, Request for Claim Forms, ePACES Enrollment, Electronic Claim Submission Support (eXchange, FTP), Provider Enrollment, Requests for paper prior approval forms:

- Provider Quick Reference Guide: [telephone quick reference.pdf \(emedny.org\)](https://www.emedny.org/telephone-quick-reference)
- [Contact \(emedny.org\)](https://www.emedny.org/contact)

The eMedNY LISTSERV® is a Medicaid mailing system that offers providers, vendors, and other subscribers the opportunity to receive a variety of notifications from eMedNY. The email notifications are provided as a free service to subscribers and may include information on provider manual updates, fee schedules, edit status changes, billing requirements and other helpful notices. Additional information regarding eMedNY LISTSERV® can be found at: [LISTSERV \(emedny.org\)](https://www.emedny.org/listserv)

Information for all Providers – General Policy: [eMedNY : Provider Manuals : Information For All Providers](https://www.emedny.org/provider-manuals)

Timely Billing:

- [Timely Billing Information \(emedny.org\)](https://www.emedny.org/timely-billing)
- [eMedNY: Provider Manuals: Information For All Providers](https://www.emedny.org/provider-manuals)
- Includes information on:
 - Frequently Asked Questions on Delayed Claim Submission
 - Submitting Claims over 90 Days from Date of Service

Search Tool for Denied Claims: [eMedNYHIPAASupport - EEKB Search Tool](https://www.emedny.org/hipaa-support)

Medicaid Eligibility Verification System (MEVS): [MEVS DVS Provider Manual \(emedny.org\)](https://www.emedny.org/mevs)

Medicaid Managed Care (MMC) Plan Directory: [Medicaid Managed Care \(MMC\) Plan Directory](https://www.emedny.org/medicaid-managed-care)

ePACES Reference Guide
[ePACES Reference Guide](https://www.emedny.org/e-paces)

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3 Introduction

New York State Medicaid Program covers Community Health Worker (CHW) services provided in accordance with 42 CFR section 440.130(c). Community Health Workers (CHWs) foster trusting relationships with the populations they serve, function as a link between healthcare providers and patients, reduce barriers to care, and provide health advocacy, health education, and health navigation services. These services aim to improve health knowledge and self-sufficiency and to support a reduction in maternal mortality, violence retaliation, injury, illness, or the progression thereof.

4 Overview

CHW services are a preventative health service, and as such, must be recommended by a physician or other licensed or certified practitioner of the healing arts acting within his or her scope of practice under State law to be eligible for Medicaid reimbursement.

New York State Medicaid covers CHW services for the following New York State Medicaid fee-for-service (FFS) and Medicaid Managed Care (MMC) members:

- a. children under 21 years of age.
- b. pregnant and postpartum individuals during pregnancy, and up to 12 months after pregnancy ends, regardless of the pregnancy outcome.
- c. adults with chronic conditions.
- d. individuals with justice system involvement within the past 12 months.
- e. individuals with an unmet health-related social need in the domains of housing, nutrition, transportation, or interpersonal safety, which have been identified through screening using the [Centers for Medicare & Medicaid Services \(CMS\) Accountable Health Communities Health-Related Social Needs Screening Tool](#); and
- f. individuals who have been exposed to community violence or have a personal history of injury sustained as a result of an act of community violence, or who are at an elevated risk of violent injury or retaliation resulting from another act of community violence.

Please note: New York State Medicaid members **who receive care coordination services** through the Health Home program, a Health Home Care Coordination Organization (CCO - Health Home), certified community behavioral health clinics (CCBHCs), Assertive Community Treatment (ACT), are **not** eligible for CHW service coverage. New York State Medicaid members **who do not receive care coordination**

through these entities are eligible for CHW service coverage. New York State Medicaid members in institutional settings are not eligible for CHW service coverage. Health Homes may be reimbursed for the provision of CHW services when provided to New York State Medicaid members **before or after** they receive other care management services from these entities and **not when they are enrolled in a Health Home program.**

Medicaid Members that receive services through the Social Care Network are not eligible for the CHW health navigation. Screening, navigation, and referral for social care services of Medicaid Managed Care Members should be covered under the regional Social Care Network. Information on payment through the Social Care Networks is available here: [Social Care Networks](#).

CHW services are covered when provided by a CHW who is a public health worker, not otherwise recognized as a licensed or certified Medicaid provider type, that reflects the community served through lived experience that may include but is not limited to pregnancy and birth; housing status; mental health conditions, substance use or other chronic conditions; shared race, ethnicity, language, and/or sexual orientation; or community of residence. The CHW functions as a liaison between healthcare systems, social services, and community-based organizations to improve overall access to services and resources and to facilitate improved health outcomes for the populations served.

The CHW must be supervised by a New York State licensed, Medicaid-enrolled provider. A CHW may be part of a community-based organization that works with a New York State licensed, Medicaid-enrolled provider. The CHW will not bill Medicaid directly for CHW services; eligible CHW services are to be billed by the supervising provider or Medicaid-enrolled institution.

CHW services are covered when the following training or work experience requirements have been met by the CHW providing the direct service:

- 20-hour minimum training that includes the CDC-endorsed CHW Core Consensus Competencies (C3) <https://www.c3project.org/rolescompetencies> **OR** 1400 hours of experience working as a CHW in formal paid or volunteer roles within the past three years.
- Basic HIPPA training.
- For CHWs providing community violence prevention services, the training and work experience requirements detailed in [Sections 11.1](#) and [11.2](#) apply.

5 Description of Covered Services: Community Health Worker Services

Covered CHW services include health advocacy, health education, and health navigation supports aiming to improve health outcomes and overall health literacy, and

to prevent the development of adverse health conditions, injury, illness, or the progression thereof.

CHW health advocacy: Covered CHW services may include advocating for the individual's direct needs, healthcare service needs, and connection with community-based resources and programming. Advocacy may include linguistic and cultural brokering where factors such as language, culture, socioeconomic status, ethnicity, race/skin tone, gender, and/or historical mistrust of the health care system may impact connection to and use of resources or understanding between the individual and the health care team or community partners. Advocacy efforts of the CHW are to promote empowerment and self-confidence of individuals to ensure respectful and equitable care and support to prevent health conditions, illness, problem or injury, or progression thereof. CHWs bridge cultural, communication and linguistic divides between the health care system and community members accessing care and services.

CHW health education: Covered CHW services may include health education to Medicaid members to optimize health and to address barriers to accessing health care, health education, and/or community resources that incorporate the needs, goals, and life experience of the individual. This may include providing instruction/training and/or information.

All instruction/training and information are intended to:

- Prevent a health condition, illness, problem or injury, or the progression thereof.
- Be provided by the CHW, and
- Be consistent with evidence-based standards.

Health education facilitates the acquisition of knowledge, skills, and abilities necessary to support informed decision-making, agency, problem-solving, active collaboration, and self-efficacy related to health and social care needs. CHWs must use culturally informed and evidence-based knowledge and skills to facilitate the individual's optimal experience in the health care system.

CHW health navigation: Covered CHW services may include assistance to Medicaid members for health navigation in the following areas:

- Community-based and healthcare-related referrals and follow-up to referral, or "closed loop" referral services
- Completion of screening tools that do not require a licensed provider to complete
- Identifying health and social care needs and follow-up to connect to services including, but not limited to transportation, employment, job training, food insecurity, childcare, and housing (the CHW may not provide these services directly)
- Resource coordination directed to the individual (not case management)

- Help with enrollment or maintaining enrollment in government programs or other assistance programs (can assist and educate but cannot directly select services/benefits); and
- Accompaniment to in-person and virtual healthcare visits and to get established with community resources that will improve or maintain the individual's health.

CHW Community Violence Prevention Services: Using evidence-informed, trauma-informed, and supportive non-therapeutic strategies, violence prevention services shall include all the above CHW services with specific focus on:

- Promoting improved health outcomes, trauma recovery, and positive behavioral change.
- Preventing injury recidivism and reducing the likelihood that individuals who are victims of community violence will commit or promote violence themselves.
- Providing peer support and counseling, mentorship, conflict mediation, and crisis intervention.
- Providing targeted case management, referrals to certified or licensed health care professionals or social service providers, case management, community and school support services, patient education, and/or social needs screening services to victims of community violence.

Community Violence Prevention Services must be provided by a trained and experienced CHW who is supervised by a Medicaid enrolled, licensed provider. Services may be provided to a parent or legal guardian of a New York State Medicaid member under the age of 21 for the direct benefit of the beneficiary as recommended by a licensed provider. Services may be billed under the Medicaid member's Client Identification Number (CIN). The Medicaid member must be present at the time of service.

For a Health Home to bill for community violence prevention services, the Health Home must meet the training requirements in [Sections 11.1](#) and [11.2](#) of this manual.

Covered CHW Services Do NOT Include:

- Clinical case management/care management services that require a license, including Comprehensive Medicaid Case Management (CMCM) services Be provided by the CHW, and
- Providing targeted case management, referrals to certified or licensed health care professionals or social service providers, case management, community and school support services, patient education, and/or social needs screening services to victims of community violence
- Clinical case management/care management services that require a license, including Comprehensive Medicaid Case Management (CMCM) services
- The provision of companion services/socialization, respite care, transportation, direct patient care, personal care services/homemaker

- Services (e.g., chore services including shopping, cleaning, and cooking, assistance with activities of daily living, errands), or delivery of medication, medical equipment, or medical supplies.
- Services that duplicate another covered Medicaid service or that are otherwise billed to Medicaid/Medicaid Managed Care.
- Providing targeted case management, referrals to certified or licensed health care professionals or social service providers, case management, community and school support services, patient education, and/or social needs screening services to victims of community violence.
- Services provided to Medicaid members who receive care coordination services through the Health Home program, a Health Home Care Coordination Organization (CCO - Health Home), certified community behavioral health clinics (CCBHCs), Assertive Community Treatment (ACT).
- Services outside the level of training the CHW has attained
- Language interpretation services (see below)
- Time and activities that do not include direct engagement with the Medicaid member (Services may be provided to a parent or legal guardian of a New York State Medicaid member under the age of 21 for the direct benefit of the beneficiary as recommended by a licensed provider; the Medicaid member must be present).

Delivery of Covered CHW Services:

- CHW services will be delivered under the supervision of a Medicaid-enrolled, licensed billable provider
- CHW services may be provided on an individual or group basis.
- The CHW service must involve direct, face-to-face interaction with the Medicaid member and meet the minimum time frame for CHW service length to meet the criteria for Medicaid coverage of services.
- Current New York State Medicaid telehealth service policy applies to coverage of CHW services as indicated in the telehealth service policy.
- Medicaid members identified as in need of or qualified for a higher or specialized level of health education, support, or assistance with the management of chronic conditions, such as Asthma Self-Management Education provided by a Certified Asthma Educator, or Case Management Services provided through a Health Home, should be referred to and connected to the appropriate level of service.

6 Community Health Worker Billing and Supervising Provider / Entity

CHW services are billed by the supervising New York State Medicaid-enrolled:

- Clinic
- Federally Qualified Health Center (FQHC)
- Hospital Outpatient Department (HOPD)
- Physician

- Midwife (MW)
- Nurse Practitioner (NP)
- Psychologist
- Licensed Clinical Social Worker (LCSW)
- Licensed Mental Health Counselor (LMHC)
- Licensed Marriage Family Therapist (LMFT)
- Health Home

7 Documentation Requirement

In addition to the “Record Keeping Requirements” found in the “Information to All Providers General Policy,” guidelines are available on the eMedNY website under information for providers.

CHW services must be documented in the Medicaid member’s record and accessible to the supervising provider. Documentation of CHW services provided should include, but may not be limited to:

- Recommendation for CHW services.
- Date, time, and duration of the CHW service provided to Medicaid member(s);
- Information on the nature of the CHW service provided, including support for the length of time spent with the Medicaid member on the date of the CHW service.
- CHW services must be documented in the Medicaid member’s health record and may be documented directly by the CHW.

8 Billing Guidance

8.1 Billing Providers

Billing for eligible CHW services is to occur using the Medicaid NPI of the Medicaid-enrolled:

- Clinic
- Federally Qualified Health Center (FQHC)
- Hospital Outpatient Department (HOPD)
- Physician
- Midwife (MW)
- Nurse Practitioner (NP)
- Psychologist
- Licensed Clinical Social Worker (LCSW)
- Licensed Mental Health Counselor (LMHC)
- Licensed Marriage Family Therapist (LMFT)
- Health Home

8.2 Article 28 Facilities

Article 28 freestanding clinics and HOPDs can bill for CHW services using the codes below on Ambulatory Patient Groups (APG) claim.

Federally Qualified Health Centers (FQHCs) and Rural Health Centers (RHCs) will be reimbursed a separate payment amount in lieu of the Prospective Payment System (PPS) rate when the CHW service is the only service provided.

CHW services provided as a stand-alone service will be carved out of the FQHC all-inclusive PPS rate and must be billed to Medicaid FFS as an Ordered Ambulatory (OA) claim submission utilizing the CPT codes listed in this manual. The FQHC/RHC should bill an OA claim to Medicaid utilizing the CHW CPT codes referenced below.

A PPS claim should not be billed to Medicaid when the only service(s) provided to the member were rendered by a CHW. An Ambulatory Patient Group (APG) claim should also not be billed by FQHCs that have opted into APGs. The FQHC/RHC may only bill an APG/PPS claim if CHW services are provided to the member as part of a comprehensive encounter when other medically necessary services are also provided.

CHW services must be provided on-site at the FQHC; off-site CHW services are not reimbursable.

9 Billing Codes

- When billing for CHW services that are **not** Community Violence Prevention Services, **modifiers U1 and U3 must** be included consecutively, in this order (U1, U3), on the claim line when seeking reimbursement for Current Procedural Terminology (CPT) codes **"98960", "98961", or "98962"**.
 - When billing for Community Violence Prevention Services provided by a CHW, modifiers U3 and U1 must be included consecutively, in this order (U3, U1), on the claim line when seeking reimbursement for CPT codes **"98960", "98961", or "98962"**.
- For individuals 21 years of age **and older**, providers must include a diagnosis on the claim that identifies the chronic condition, social care need, or qualifying risk criteria of the New York State Medicaid member using the appropriate diagnostic code / International Classification of Diseases, or Tenth Revision (ICD-10) Z codes.

Code	Modifier	Description	Annual Allowance	Reimbursement Rate
98960	U1, U3	Self-management education and training face-to-face using a standardized curriculum for an individual NYS Medicaid member, each 30 minutes.	12 units total for adult populations 24 units total for pediatric population (under 21 years of age) (30 minutes = 1 unit*)	\$35.00
98961	U1, U3	Self-management education and training face-to-face using a standardized curriculum for two to four NYS Medicaid members, each 30 minutes.	*One unit must be a minimum of 16 minutes with a maximum of 37 minutes	\$16.45
98962	U1, U3	Self-management education and training face-to-face using a standardized curriculum for five to eight NYS Medicaid members, each 30 minutes.		\$12.25

Fee for Service claims are to be submitted using the rate codes below. Claims submitted to MMCs by entities that operate Health Homes are to be coded in accordance with the table above.

Health Homes Rate Code	Description	Annual Allowance	Reimbursement Rate
1886 - CHW	Self-management education and training face-to-face using a standardized curriculum for an individual NYS Medicaid member, each 30 minutes.	12 units total for adult populations.	\$35.00

1887- CHW	Self-management education and training face-to-face using a standardized curriculum for two to four NYS Medicaid members, each 30 minutes.	24 units total for pediatric population (under 21 years of age). 30 minutes = 1 unit. Services must be a minimum of 16 minutes and a maximum of 37 minutes.	\$16.45
1888 - CHW	Self-management education and training face-to-face using a standardized curriculum for five to eight NYS Medicaid members, each 30 minutes.		\$12.25
1889 – Community Violence Prevention (CVP) CHW	Self-management education and training face-to-face using a standardized curriculum for an individual NYS Medicaid member, each 30 minutes.		\$35.00
1890 - CVP CHW	Self-management education and training face-to-face using a standardized curriculum for two to four NYS Medicaid members, each 30 minutes.		\$16.45
1891 - CVP CHW	Self-management education and training face-to-face using a standardized curriculum for five to eight NYS Medicaid members, each 30 minutes.		\$12.25

10 Language Interpretation Services

Reimbursement is available for language interpretation services. However, interpretation services are not included as covered CHW services and cannot be billed as such. The licensed billing provider will bill for the interpretation services. To be reimbursed for interpretation services, the service must be provided by a dedicated employee or an independent third-party vendor (e.g., telephonic interpretation service) whose sole function is to provide interpretation services for individuals with limited English proficiency and communication services for people who are deaf and hard of hearing. It is recommended that such individuals be recognized by the National Board of Certification for Medical Interpreters (NBCMI). The need for this service must also be documented in the medical record.

11 Provider Enrollment

The CHW will not enroll as a New York State Medicaid provider or be listed on the claim form at this time. Billing and supervising New York State Medicaid-enrolled providers will be expected to follow published guidance on provider enrollment and revalidation. The CHW employer is responsible for ensuring all training and experience requirements are met, completing background checking on the CHW that is sufficient and relevant to ensure the safety of the population(s) being served, and that CHW services are provided in accordance with all applicable rules, care standards, state and federal regulations and laws.

11.1 Community Health Worker

CHW services are covered when the following training or work experience requirements have been met by the CHW providing the direct service:

- 20-hour minimum training that includes the CDC-endorsed CHW Core Consensus Competencies (C3) <https://www.c3project.org/rolescompetencies> **OR** 1400 hours of experience working as a CHW in formal paid or volunteer roles within the past three years.
- Basic HIPAA training

11.2 Community Health Worker Community Violence Prevention Services

CHW Community Violence Prevention services are covered when the following training **and** work experience requirements have been met by the CHW providing the direct service:

1. **Work Experience** - complete at least six months of full-time equivalent experience in providing community violence prevention services or high-risk or justice involved youth development services through employment, volunteer work or as part of an internship experience within the past three years; **AND**
2. **Community Violence Prevention Training** - complete a violence prevention training program provided by entities approved by New York State Department of Health, including Health Alliance for Violence Intervention (HAVI), NYC Department of Health and Mental Hygiene, or New York State Division of Criminal Justice Services (DCJS). All CHWs providing violence prevention services must be approved by the New York State Department of Health Office of Gun Violence Prevention.
3. **Ongoing Training Requirements** - All CHWs providing violence prevention services must complete a minimum of 4 hours of continuing education in the field of community violence prevention annually.

11.3 New York State Medicaid FFS Provider Enrollment

The New York State-licensed, Medicaid-enrolled billing provider with a NPI or a New York State Medicaid-enrolled freestanding clinic/FQHC/RHC, hospital outpatient department, with a NPI can bill for CHW services to receive reimbursement for eligible CHW services provided to New York State Medicaid Members, as described in the sections above.

Additional provider enrollment information can be found in eMedNY, see Provider Manuals: <https://www.emedny.org/>. The general information for all providers applies to billing providers of CHW services as well as to the CHWs providing services, including the general Medicaid policy governing recipients, providers, and programs

https://www.emedny.org/ProviderManuals/AllProviders/PDFS/Information_for_All_Providers-General_Policy.pdf. For CHW services, it is the CHW's employer responsibility to determine if a person has engaged in unacceptable practices that would result in the CHW being excluded from participation in the Medicaid Program. CHW employers are responsible for completing background checks that are sufficient to ensure the safety of the population being served.

11.4 Medicaid Managed Care (MMC) Considerations

When CHW services are being provided to a MMC member, the billing provider must contact the MMC Member's specific MMC plan for coverage, billing and reimbursement guidance. MMC Plan contact information can be found in the [eMedNY New York State Medicaid Program Information for All Providers Managed Care Information document](#).

11.5 Revalidation of Provider Enrollment

Medicaid-enrolled providers must revalidate information provided at the time of enrollment every 5 years.

Additional information on the Revalidation of Enrollment is available in the provider revalidation section of the eMedNY [website](#).