Michigan Community Health Worker Alliance

The table below compares the language of the Medicaid Coverage of Community Health Worker (CHW)/Community Health Representative (CHR) Services policy as it was proposed and open for public comment on July 14th, 2023 and as it is written in its final form to be included in Michigan's Medicaid State Plan.

Section	Proposed Policy Language (July 14th, 2023)	Final Policy Language (December 1st, 2023)
General Information	A CHW/Community Health Representative (CHR) is a non-licensed public health provider who facilitates access to needed health and social services for beneficiaries. Hereafter, the term CHW will be used to represent both CHW and CHR terminology. CHW services focus on preventing disease, disability, and other chronic health conditions or their progression, and promoting physical and mental health.	A CHW/Community Health Representative (CHR) is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the worker to serve as a liaison/link/intermediary between the health/social services and the community to facility access to services and improve the quality and cultural competence of service delivery. The CHW/CHR is a non-licensed public health provider who facilitates access to needed health and social services for beneficiaries. Hereafter, the term CHW will be used to represent both CHW and CHR terminology. CHW services focus on preventing disease, disability, and other chronic health conditions or their progression, and promoting physical and mental health. These services are designed to be person-centered and patient driven, with a focus on beneficiary empowerment, fostering self advocacy skills to promote personalized and effective diagnosis or treatment.
Beneficiary Need	Conditions that may define a beneficiary's need for CHW services must be assessed utilizing an appropriate health risk and/or social determinant of health (SDOH)	Conditions that may define a beneficiary's need for CHW services must be assessed utilizing an appropriate health risk and/or social determinant of health (SDOH)

901 Tower Dr. • Suite 420 • Troy, MI 48098 • (248) 723-7900
info@michwa.org • www.michwa.org

	screening/assessment tool. The conditions that may support the need for the CHW services include but are not limited to: ● Diagnosis of one or more chronic health conditions including behavioral health; ● Unmet health-related social need; or ● Pregnancy and up to 12 months postpartum. As required by federal regulations at CFR 440.130(c), CHW services must be recommended by a licensed healthcare provider. Healthcare providers qualified to recommend CHW services include, but are not limited to the following: ● Physician ● Physician Assistant ● Advanced Practice Registered Nurse ● Registered Nurse ● Licensed Master Social Worker ● Dentist The recommendation must be recorded in the CHW's record of services provided to the beneficiary. Alternatively, the recommending practitioner may provide the patient with a written statement that recommends the patient receives CHW services. Licensed healthcare providers recommending CHW	screening/assessment tool. The conditions that may support the need for the CHW services include but are not limited to: ● Diagnosis of one or more chronic health conditions including behavioral health; ● Unmet health-related social need; or ● Pregnancy and up to 12 months postpartum As required by federal regulations at CFR 440.130(c), CHW services must be recommended by a licensed healthcare provider. Healthcare providers qualified to recommend CHW services include, but are not limited to the following: ● Physician ● Physician Assistant ● Advanced Practice Registered Nurse ● Registered Nurse ● Licensed Master Social Worker ● Dentist Licensed healthcare providers recommending CHW services are not required to be part of the beneficiary's healthcare team, but collaboration is highly encouraged.

	services are not required to be part of the beneficiary's healthcare team, but collaboration is highly encouraged.	
Covered Services	CHW services must be provided face-to-face. (Refer to bulletin MMP 23-10 for clarification on the definition of "face-to-face"). CHW services available to beneficiaries include, but are not limited to the following: **Care Coordination and System Navigation** Care coordination is the organization of activities between participants responsible for different aspects of a beneficiary's care designed to facilitate delivery of appropriate services across all elements of the broader health care system. It includes management of integrated primary and specialty medical services, behavioral health services, and social, educational, vocational, and community services and supports to attain the goals of holistic, high quality, cost-effective care and improved patient outcomes. System navigation serves to provide information, training, referrals, or support to assist beneficiaries to access health care, understand the healthcare system, or engage in their own care needs. This can also include transitional care support, which includes assisting a beneficiary when moving from one community or institutional setting to another.	CHW services must be provided face-to-face. CHW services should be provided in the language of the beneficiary's choice when possible. Refer to the Glossary Appendix of the Medicaid Provider Manual for the definition of "face-to-face." CHW services available to beneficiaries include: **Health System Navigation and Resource Coordination** Health system navigation and resource coordination include providing information, training, referrals, or support to encourage beneficiary-led efforts to access covered services, understand, engage, or re-engage in the health care system, or engage in their own care needs. These services also work to connect beneficiaries to relevant community resources necessary to promote health, address health care barriers, or address health-related social needs. The following are examples of health system navigation and resource coordination: ● Helping to engage, re-engage, or ensure beneficiary-led follow-up in primary care; routine preventive care; adherence to treatment plans; and/or self-management of chronic conditions. ● Helping a beneficiary find the appropriate Medicaid provider to receive a recommended covered service.

	The following are examples of health system navigation and resource coordination services: ● Helping to engage, re-engage, or ensure patient-led follow-up in primary care; routine preventive care; adherence to treatment plans; and/or self-management of chronic conditions. ● Helping a beneficiary find the appropriate Medicaid provider to receive a recommended covered service. ● Helping a beneficiary make and keep an appointment for a Medicaid covered service. ● Arranging transportation to an appointment for a Medicaid covered service. ● Helping a beneficiary find access to other relevant community resources. ● Helping a beneficiary with a telehealth appointment and/or educating a member on the use of telehealth technology. **Health Promotion and Education** Health education to promote the beneficiary's health or address barriers to physical and mental health care, including providing information or instruction on health topics. The content of health education must be	● Helping a beneficiary make and keep an appointment for a Medicaid covered service. ● Helping a beneficiary find and access other relevant community resources. ● Helping a beneficiary with a telehealth appointment and/or educating a beneficiary on the use of telehealth technology. ● Connecting a beneficiary to medical translation/interpretation or transportation services. ● Serving as a cultural liaison or assisting a licensed health care provider to create a plan of care, as part of the health care team. **Health Promotion and Education** Health education to promote the beneficiary's health or address barriers to physical and mental health care, including providing information, instruction, methods, and measures on health topics that have been proven effective in preventing

	consistent with established or recognized health care standards and best practices. Health education may include coaching and goal-setting to improve a beneficiary's health or ability to self-manage health conditions. The following are examples of health promotion and education topics: ● Injury prevention ● Addressing family violence/inter-partner violence ● Control of certain health conditions (i.e., asthma, high blood pressure, etc.) ● Dementia ● Diabetes prevention and control ● Chronic pain self-management ● Chronic disease self-management ● Family planning ● Oral disease prevention ● Improvement in safety and the environmental health of housing, for example to mitigate asthma risk, risk of injury from unsafe housing, led exposure, etc. ● Improvement in nutrition ● Improvement of physical fitness ● Occupational safety and health	disease, disability, and other health conditions or their progression; prolonging life; and/or promoting physical and mental health and efficiency. The content of health promotion and education must be consistent with established or recognized health care standards and best practices. Health education may include coaching and goal-setting to improve a beneficiary's health or ability to self-manage health conditions. The following are examples of Health Promotion and Education topics: ● Addressing family violence/inter-partner violence ● Control of certain health conditions (i.e., heart disease, high blood pressure, dental disease, etc.) ● Diabetes prevention and control ● Chronic disease self-management ● Chronic pain self-management ● Sexual and reproductive health ● Improvement in safety and the environmental health of housing (i.e., to mitigate asthma risk, risk of injury from unsafe housing, lead exposure, etc.) ● Improvement in nutrition, physical and/or mental health ● Promotion of preventative services, such as cancer screenings and immunizations ● Stress management and reduction

	• Improvement in mental health outcomes • Prevention of fetal alcohol syndrome/neonatal abstinence syndrome • Reduction in the misuse of alcohol or drugs • Tobacco cessation • Promotion of preventative services such as cancer screenings and immunizations Other billable services may be applicable based on individual or community need within the CHW scope of practice.	**Screening and Assessment** Screening and assessment services include the use of standardized, validated tools that do not require a license and that support the identification of needed services.
Non-Covered Services	• Case management • Transportation services • Personal care services/Home Help, including shopping and cooking meals • Companion services • Employment services • Helping a beneficiary enroll in government or other assistance programs that are not related to improving their health as part of a provider's recommendation • Delivery of medication, medical equipment, or medical supply • Respite care • Services that require a license	CHW Services cannot duplicate services that are covered under the existing Medicaid State Plan. The following services, while important in various contexts, are not reimbursable under the CHW Services policy and associated billing codes. These services include but are not limited to: • Clinical case/care management that requires a license • Community Transition Services • Companion services • Discharge planning • Delivery of medication, medical equipment, or medical supply • Employment services

	• Services that duplicate another covered Medicaid service already being provided to the beneficiary • Discharge planning • Community transition services • Support services covered under behavioral health services programs by Certified Peer Support Specialists (CPSS) or Certified Peer Recovery Coaches (CPRC)	• Helping a beneficiary enroll in government or other assistance programs that are not related to improving their health as part of a provider's recommendation • Personal care services/Home Help, including shopping and cooking meals • Respite care • Services that require a license • Support services covered under behavioral health services programs by Certified Peer Support Specialists (CPSS) or Certified Peer Recovery Coaches (CPRC) • Transporting beneficiaries
Documentation of Services	Documentation must include date of service, a start and end time of services provided, a description of the professional services rendered and information regarding the source of the licensed healthcare provider's recommendation for services. Documentation must be kept in accordance with the record keeping requirements of the Medicaid program and may be subject to review and post-payment audit. (Refer to the Record Keeping section within the General Information for Providers chapter of the MDHHS Medicaid Provider Manual for more information.)	Documentation must include date of service, a start and end time of services provided, a description of the professional services rendered and information regarding the source of the licensed healthcare provider's recommendation for services. Documentation must be kept in accordance with the record keeping requirements of the Medicaid program and may be subject to review and post-payment audit. (Refer to the Record Keeping section within the General Information for Providers chapter of the MDHHS Medicaid Provider Manual for more information.)
CHW Qualifications Criteria	An individual is eligible to deliver CHW services and seek reimbursement if the individual meets the following criteria 1. Must be 18 years of age or older;	This section describes the minimum requirements needed of a CHW to meet the criteria necessary to be verified by the MDHHS designated contractor before CHAMPS enrollment for Michigan Medicaid reimbursement. CHWs may meet the

	2. Possess at least a high school diploma or high school equivalency diploma/certification; 3. Have completed a skills-based Community Health Worker training program or curriculum as evidenced through documentation of one or more of the following: a. Completing a CHW training program, including core competencies, provided by an accredited college. b. Completing a CHW training program, including core competencies, provided by an organization or CHW training entity. c. Completing a CHR National Training Program delivered through the Indian Health Service. 4. Have completed 1,000 hours of experiential learning in the previous three years as evidenced through documentation of: a. Paid or volunteer CHR or CHW work in the core competencies in one or more of the following settings i. In licensed health care facility; ii. In the services of a licensed physical or behavioral health care provider; or	qualifications criteria and be recognized as "certified CHWs" through one of the two following pathways: CHW Training Program Pathway or the Work Experience Pathway. Individuals who meet the verification requirements through the MDHHS designated contractor will be registered with the contractor as certified CHWs and included in the MI Medicaid CHW Registry. Individuals seeking to deliver CHW services to Medicaid beneficiaries must be registered with MDHHS' contractor prior to enrolling as a Medicaid provider. Additional details regarding the contractor's CHW registry and application process will be made available to all interested parties. To qualify to deliver Medicaid reimbursable CHW services, an individual must meet the following criteria: 1. Must be 18 years of age or older; 2. Must possess at least a high school diploma or high school equivalency diploma/certification; 3. Must meet the CHW Training Program Pathway or the Work Experience Pathway; 4. Has successfully completed a CHW application with the MDHHS designated contractor and must be listed in good standing on the MI Medicaid CHW Registry; and 5. Complete provider enrollment requirements detailed in the Provider Enrollment section of this policy.

	iii. In a community-based organization addressing health-related social needs. 5. Have completed an initial CHW application; a. Provide the appropriate documentation to the MDHHS designated contractor; 6. Maintain six (6) hours of continuing education on an annual basis directly related to CHW core competencies with educational objectives that exceed an introductory level of knowledge; a. Provide the appropriate documentation to the MDHHS designated contractor on an annual basis following initial CHW application. Core competencies refers to curriculum that at a minimum aligns with the national standards as outlined in The Community Health Worker Core Consensus Project (C3 Project), facilitating advancing knowledge to develop core skills and assume job responsibilities, including: ● Communication skills, ● Interpersonal and relationship-building, ● Service coordination and navigation, ● Capacity-building,	**A. CHW Training Program Pathway** To be recognized as a MI Medicaid certified CHW under the CHW Training Program Pathway, an individual must have completed an MDHHS-approved Community Health Worker training program that aligns with the Community Health Worker Core Consensus Project (C3 Project) core competencies. **B. Work Experience Pathway** During the initial 24 months of the policy implementation (from January 1, 2024, to December 31, 2025), an individual who does not possess the CHW Training Program Pathway qualifications will be permitted to temporarily deliver CHW services and seek reimbursement if the individual meets the following criteria: 1. Has completed 1,000 hours of experiential learning in the previous three years; and 2. Has a plan for completing a CHW training program, as described above; A CHW certified through the Work Experience Pathway must complete their MDHHS-approved CHW training program by January 1, 2026 to maintain their eligibility to

	• Advocacy, • Education and facilitation, • Individual and community assessment, • Outreach, • Professional skills and conduct, • Evaluation and research skills, and • Knowledge base. During the initial 24 months of the policy implementation, an individual who does not possess the above required qualifications will be considered eligible to temporarily deliver CHW services and seek reimbursement if the individual meets the following criteria: 1. Must be 18 years of age or older; 2. Possess at least a high school diploma or high school equivalency diploma/certification; 3. Demonstrates active pursuit of the minimum provider skills-based and experiential learning qualifications as evidenced through documentation of one of the following: a. Completed a CHW training program or CHR National Training Program, including core competencies, provided by an accredited college, an	continue delivery of CHW services for Medicaid reimbursement. All CHWs are required to maintain a minimum of (6) hours of continuing education annually that aligns with the C3 Project core competencies, with educational objectives that exceed an introductory level of knowledge. Appropriate documentation must be provided to the MDHHS designated contractor.

	organization, CHW training entity, or the Indian Health Services and 1,000 hours of experiential learning in the previous three years. b. Completed a CHW training program, including core competencies, provided by an accredited college, an organization, CHW training entity and written plan for achieving 1,000 hours of experiential learning within the designated time frame. c. Completed a CHR National Training Program delivered through the Indian Health Service and written plan for achieving 1,000 hours of experiential learning within the designated time frame. d. Completed 1,000 hours of experiential learning in the previous three years, and have a written plan for completing a CHW or CHR training program including core competencies within the designated time frame; and 4. Have completed an initial CHW application.	

	a. Provide the appropriate documentation to the MDHHS designated contractor.	
Provider Enrollment	To enroll as a Medicaid provider, a CHW must complete an online application in the Community Health Automated Medicaid Processing System (CHAMPS) and must enroll with an Individual (Type 1) National Provider Identifier (NPI) as a Rendering/Servicing-Only Provider. The CHW must associate themselves to at least one Billing Provider within CHAMPS. The billing provider must be enrolled with the Medicaid program and have a Group/Organizational (Type 2) NPI. Associated billing providers may be either employers or organizations the CHW is contracted with to perform services (i.e., Community-Based Organizations [CBOs], Community Mental Health Services Programs [CMHSPs]). CHWs must have obtained certification verification and approval through MDHHS or its certification contractor prior to enrolling in CHAMPS. CHW providers are also subject to all relevant policy provisions outlined in the MDHHS Medicaid Provider Manual, including the General Information for Providers chapter.	After verification of qualifications by the MDHHS designated contractor, certified CHWs seeking reimbursement for services to Medicaid beneficiaries are required to be Medicaid-enrolled providers. To enroll as a Medicaid provider, a certified CHW must complete an online application in CHAMPS and must enroll with an Individual (Type 1) National Provider Identifier (NPI) as a Rendering/Servicing-Only Provider. As part of the enrollment process, certified CHWs must associate themselves to at least one Medicaid-enrolled billing provider within CHAMPS. The billing provider must have a Group/Organizational (Type 2) NPI or be an Individual Sole Proprietor with an Individual (Type 1) NPI. Associated billing providers may be employers or organizations the CHW is contracted with to perform services. Rendering/Servicing CHAMPS enrollment instructions can be found on the MDHHS Provider Enrollment page. Individuals delivering CHW services to Medicaid beneficiaries are subject to all relevant policy provisions outlined in the MDHHS Medicaid Provider Manual, including the General Information for Providers Chapter.
Reimbursement Considerations	For CHW services rendered to beneficiaries enrolled in an MHP, or ICO, providers will submit claims to the beneficiary's assigned MHP, or ICO. If a beneficiary is not	CHW services are to be reported as follows: ● 98960 (education and training for patient self-management; individual patient)

<table>
<tr>
<td>and Billing Guidelines</td>
<td>enrolled in an MHP, or ICO, CHW providers will submit claims for fee-for-service (FFS) reimbursement through CHAMPS.

CHW services are to be reported as follows:
● 98960 (education and training for patient self-management; individual patient)
● 98961 (education and training for patient self-management, 2-4 patients)
● 98962 (education and training for patient self-management, 5-8 patients)

These codes are to be reported in 15-minute increments and must be billed with the CG modifier to be considered for payment. The group size may not exceed 8 beneficiaries.

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

<table>
<tr><th>Claims Notes Section</th><th>Description</th></tr>
<tr><td>C100</td><td>Chronic Health Condition – Care Coordination and System Navigation</td></tr>
</table>
</td>
<td>● 98961 (education and training for patient self-management, 2-4 patients)
● 98962 (education and training for patient self-management, 5-8 patients)

These codes are to be reported in 15-minute increments and must be billed with the CG modifier to be considered for payment. One 15-minute increment equals one unit of service. The group size may not exceed 8 beneficiaries.

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

<table>
<tr><th>Claims Notes Section</th><th>Description</th></tr>
<tr><td>C100</td><td>Chronic Health Condition – Health System Navigation and Resource Coordination</td></tr>
<tr><td>C200</td><td>Chronic Health Condition – Health Promotion and Coaching</td></tr>
</table>
</td>
</tr>
</table>

C200	Chronic Health Condition – Health Promotion and Coaching
C300	Chronic Health Condition – Other
S100	Social Need (Suspected of Documented Unmet) – Care Coordination and System Navigation
S300	Social Need (Suspected Documentation of Unmet) – Other
P100	Pregnancy and up to 12 months Postpartum – Care Coordination and System Navigation
P200	Pregnancy and up to 12 months Postpartum – Health Promotion and Education
P300	Pregnancy and up to 12 months Postpartum -- Other
T100	Other Eligibility – Care Coordination and System Navigation
T200	Other Eligibility – Health Promotion and Education
T300	Other Eligibility – Other

C300	Chronic Health Condition – Screening and Assessment
C400	Chronic Health Condition – Other
S100	Social Need – Health System Navigation and Resource Coordination
S200	Social Need – Health Promotion and Education
S300	Social Need – Screening and Assessment
S400	Social Need – Other
P100	Pregnancy and up to 12 months Postpartum – Health System Navigation and Resource Coordination
P200	Pregnancy and up to 12 months Postpartum – Health Promotion and Education
P300	Pregnancy and up to 12 months Postpartum – Screening and Assessment
P400	Pregnancy and up to 12 months Postpartum – Other
T100	Other Eligibility – Health System Navigation and Resource Coordination
T200	Other Eligibility – Health Promotion and Education
T300	Other Eligibility – Screening and Assessment
T400	Other Eligibility – Other

	Medicaid- enrolled organizations billing for CHW services must report the enrolled CHW in the rendering/servicing provider field on the claim. The CHW reported as the rendering/servicing provider must be enrolled in CHAMPS at the time of claim submission. **Service Limitations** CHW services can be submitted for a maximum of 128 units per month, per beneficiary. This limit may be exceeded based on medical necessity determined in collaboration with the recommending licensed provider and require prior authorization. Group services are limited to eight unique beneficiaries at one time. There are no Place of Service restrictions for CHW services.	Medicaid-enrolled groups/organizations billing for CHW services must report the enrolled CHW as the rendering/servicing provider within the appropriate field on the claim. The CHW reported as the rendering/servicing provider must be enrolled in CHAMPS on the date of service reported on the claim. For CHW services rendered to beneficiaries enrolled in an MHP or ICO, providers will submit claims to the beneficiary's assigned MHP or ICO. If a beneficiary is not enrolled in an MHP, or ICO, CHW providers will submit claims for FFS reimbursement through CHAMPS. **Service Limitations** CHW services are limited to 2 hours (8 units) per day and 16 visits per month, for a maximum of 32 hours (128 units) per month, per beneficiary. This limit may be exceeded based on medical necessity determined in collaboration with the recommending licensed provider and requires prior authorization. Group services are limited to eight unique beneficiaries at one time. There are no Place of Service restrictions for CHW services.
FQHC, RHC, THC, and Tribal FQHC Reimbursement	The following information applies to clinics billing on behalf of CHWs for services provided within the facilities. Services provided by CHWs do not count as a qualifying visit. FQHC, RHC, THC, and Tribal FQHCs furnishing eligible CHW services will be reimbursed outside of the Prospective Payment System (PPS) methodology or All-	The following information applies to clinics billing on behalf of CHWs for services provided within the facilities. Services provided by CHWs do not count as a qualifying visit. FQHC, RHC, THC, and Tribal FQHCs furnishing eligible CHW services will be reimbursed outside of the Prospective Payment System

	Inclusive Rate (AIR) methodology at the applicable Medicaid fee screen rates. Services billed by clinics on behalf of CHWs should be billed on the institutional claim form using the Group/Organizational – Type 2 clinic specialty enrolled NPI. On the institutional claim form, the Attending Provider field line should include an eligible Individual – Type 1 provider. This provider is responsible for the overall care of the patient at the clinic. The Individual – Type 1 NPI of the CHW renduring the actual service to the beneficiary at the clinic should be listed in the Other/Rendering field line. Medicaid beneficiary at the clinic should be listed in the Other/Rendering field line (referring/rendering/ordering). Procedure code coverage information is available on the Michigan Department of Health and Human Services (MDHHS) website at www.michigan.gov/medicaidproviders >> Billing and Reimbursement >> Provider Specific Information >> Clinic Institutional Billing.	(PPS) methodology or All-Inclusive Rate (AIR) methodology at the applicable Medicaid fee screen rates. CHW services billed by clinics should be billed on the institutional claim form using the Group/Organizational - Type 2 clinic specialty enrolled NPI. On the institutional claim form, the Attending Provider field line should include an eligible Individual – Type 1 provider, per bulletin MSA 21-47. This is the provider responsible for the overall care of the beneficiary at the clinic. Finally, the Individual – Type 1 NPI of the CHW rendering the actual service to the Medicaid beneficiary at the clinic should be listed in the Other/Rendering field line (referring/rendering/ordering). Procedure code coverage information is available on the Michigan Department of Health and Human Services (MDHHS) website at www.michigan.gov/medicaidproviders >> Billing and Reimbursement >> Provider Specific Information >> Clinic Institutional Billing.
Health Homes	A provider can be both a CHW agency and a Health Home. The goal of MDHHS is for CHWs and Health Homes to complement each other and work together for the benefit of the beneficiary. A CHW can serve as a	A CHW can serve as a member of the Health Home Care Team (HHCT) as well as be a staff member of the FQHC/Designated Health Home Partner. The goal of this policy is for CHWs and Health Homes to complement each other and work together

<table>
<tr>
<td></td>
<td>member of the Health Home Care Team (HHCT). If Medicaid is billed for CHW services and the Health Home is claiming a core service for a month, it is important that the services are separate and distinct.

Duplicative Services
CHW services may not be duplicative of the monthly core service being claimed by a Health Home. CHW agencies should be mindful of the fact that when a core service is claimed by a Health Home the Medicaid payment for that core service is considered payment that entire month.

Providers should consider two factors when determining whether a service is duplicative:
1. Service Type
2. Diagnosis/Condition

Service Type
The table below is a crosswalk of the types of CHW services to types of Health Home core services. Service types in the same row are considered duplicative.

<table>
<tr><th>Health Home Core Service</th><th>Duplicative CHW Service</th></tr>
<tr><td>● Care coordination</td><td>● Care coordination</td></tr>
</table>
</td>
<td>for the benefit of the beneficiary. If Medicaid is billed for CHW services and the Health Home is claiming a core service for a month, it is important that the services are separate and distinct. CHW services may not be duplicative of the monthly core services being claimed by a Health Home.</td>
</tr>
</table>

	● Comprehensive care management ● Comprehensive transitional care ● Patient and family support ● Referrals to community and social support services	and system navigation	
	● Health Promotion	● Health promotion and education	
	For example, CHW care coordination and health system navigation and Health Home referrals to community and social support services are considered duplicative service types. For service types considered duplicative it is not appropriate to bill for both the CHW service and claim a corresponding core service that same month unless the diagnosis/condition exception described below is met.		

	Non-duplicative services may be billed to MDHHS. For example, CHW services for health promotion and education can be billed to Medicaid for a recipient in the same month that the Health Home claims the care coordination core service for that recipient as the service types are not duplicative. **Diagnosis/Condition Exception** If the service types are considered duplicative in the table above, the CHW services and Health Home core services are not considered duplicative if the following requirements are met: 1. The services provided are for separate and distinct diagnoses/conditions; and 2. The services are provided on different dates of service. For example, a CHW may do health promotion and education with a recipient regarding a diabetes diagnosis on June 1 and a Health Home may do health promotion with the same recipient on June 15 for a hypertension diagnosis.	
Certified Behavioral Health Clinic (CCBHC)	CCBHCs that employ CHWs and have designed/negotiated their PPS rates to be inclusive of those costs are obligated to adhere to their contractual requirements for CHW certification, enrollment, and services, and may not seek additional reimbursement.	A CHW can serve as part of the CCBHC demonstration staffing structure and associated costs can be included in the PPS rate. If CHW costs are included in a CCBHC's PPS rate, the CCBHC shall not seek additional Medicaid reimbursement for CCBHC-related activities provided by the CHW. Additionally, when

		CHW costs are included in the PPS rate, CCBHCs must ensure that CHWs operate within requirements of the CHW policy.
Medicaid Health Plans (MHPs) and Integrated Care Organizations (ICOs)	MHPs and ICOs who employ CHWs are obligated to adhere to their contractual requirements for CHW certification, enrollment, and services.	MHPs and ICOs who employ CHWs are obligated to adhere to their contractual requirements for CHW certification, enrollment, and services, and may not seek additional reimbursement.

901 Tower Dr. • Suite 420 • Troy, MI 48098 • (248) 723-7900
info@michwa.org • www.michwa.org