Center for Health Care Strategies

Funding Community Health Worker Services in New York: Options Under Medicare and Medicaid

In recent years, Medicare and many Medicaid agencies have introduced new funding options to reimburse community health worker (CHW) services — an approach shown to effectively improve health outcomes. While CHW programs have historically been funded through private contracts, grants, or time-limited pilot programs, these new Medicare and Medicaid payment mechanisms create opportunities to sustainably fund this workforce and expand access to CHW services.

In New York State, funding sources for CHW services under Medicare and Medicaid include:

- New York Medicaid CHW benefit;
- New York Social Care Network Program under the state's Medicaid 1115 waiver; and
- Federal Medicare Community Health Integration services, available nationwide.

This fact sheet highlights what New York-based providers, community-based organizations (CBOs), and other organizations delivering CHW services need to know about funding these services through Medicare and Medicaid. Providers may benefit from braiding multiple funding sources to expand and sustain CHW service delivery. The tables on the following pages summarize key elements of each option — covered services, provider and member eligibility, requirements for CHWs, and key considerations and limitations — and include links to resources to learn more about these reimbursement pathways. While developed for the New York context, this resource can inform efforts in other states in launching or expanding CHW programs.

This fact sheet is a product of the *New York Community Health Worker Reimbursement and Sustainability Learning Collaborative*, an initiative that is supporting New York-based organizations to strengthen their knowledge and capacity to access and braid state and federal funding to sustain and expand CHW service delivery. The learning collaborative is led by the Center for Health Care Strategies with support from the New York Health Foundation.

ABOUT THE CENTER FOR HEALTH CARE STRATEGIES

The Center for Health Care Strategies (CHCS) is a policy design and implementation partner devoted to improving outcomes for people enrolled in Medicaid. CHCS supports partners across sectors and disciplines to make more effective, efficient, and equitable care possible for millions of people across the nation. For more information, visit **www.chcs.org**.

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New York Medicaid CHW Benefit *(launched October 2023, updated April 2024)*				
Covered Services	**Provider Eligibility**	**Member Eligibility**	**CHW Requirements**	**Key Considerations/ Limitations**
• Health education • Health advocacy • Health navigation • Community violence prevention services	CHW services must be recommended by a Medicaid-enrolled physician or other licensed practitioner and billed by the supervising provider or institution. CBOs and CHWs cannot bill Medicaid directly. Billing providers may directly employ CHWs or contract with CBOs that do.	Both fee-for-service and managed care members are eligible. Eligible populations include: • Children under 21 • Pregnant and postpartum individuals • Adults with chronic conditions • Individuals with justice system involvement in the past 12 months • Individuals with unmet HRSN • Individuals exposed to community violence Ineligible populations include: • Members enrolled in care coordination programs, such as Health Homes, Certified Community Behavioral Health Clinics, and Assertive Community Treatment Members who receive CHW services through the Social Care Network are not eligible for health navigation. (*see next page*)	CHWs must complete: • At least 20 hours of training aligned with CHW Core Consensus (C3) competencies or at least 1,400 hours of paid or volunteer CHW experience within the past three years • Basic HIPPA training Additional training and work experience are required for providing community violence prevention services.	• CHW services must involve direct, face-to-face interaction (which includes synchronous telehealth). For federally qualified health centers, these services must be provided on-site. • Providers may bill up to 12 units per year (30 min/unit) for adults and up to 24 units per year for children under 21.

Sources and Additional Resources

- Approved State Plan Amendment *(New York State Department of Health)*
- Community Health Worker Services Policy Manual *(New York State Department of Health)*
- Medicaid Community Health Worker Services Fee Schedule *(New York State Department of Health)*

New York Social Care Network (SCN) Program *(launched January 2025)*				
Covered Services	**Provider Eligibility**	**Member Eligibility**	**CHW Requirements**	**Key Considerations/ Limitations**
• Screening and navigation, delivered by Social Care Navigators. • Enhanced HRSN services, which are evidence-based services that provide support in areas such as care management, nutrition, housing, and transportation. HRSN service providers can deliver services such as medically tailored or nutritionally appropriate food prescriptions and home accessibility and safety modifications.	Nine SCN Lead Entities are responsible for developing and managing networks of contracted CBOs, health care providers, and other partners. Providers must contract with their regional lead SCN entity, utilize the SCN IT platform, and comply with all data and reporting requirements to receive reimbursement for screening, navigation, and enhanced HRSN services. Additionally, SCN lead entities are responsible for submitting claims on behalf of contracted providers and disbursing the corresponding payments.	All Medicaid members are eligible to receive screening and navigation services to existing federal, state, and local services. Members with unmet HRSN, are also eligible for enhanced HRSN services. To be referred to an HRSN provider for these services, members must: • Belong to an enhanced population, such as members with high Medicaid service use, a substance use disorder, an intellectual or developmental disability, or who was recently released from the criminal justice system. • Demonstrate a medical need for enhanced HRSN services by meeting associated social risk factors and clinical criteria. • Not be receiving similar services through other programs or pathways, such as *in lieu of* services through managed care.	The SCN program was designed with the intent of having CHWs serve as Social Care Navigators. To qualify, CHWs must complete: • At least 20 hours of training aligned with C3 competencies or at least 1,400 hours of paid or volunteer CHW experience within the past three years • Additional training or experience requirements based on the specialized services provided	There are service restrictions and limitations across the list of approved HRSN services. For instance, temporary housing support is limited to a maximum of six months, while utility assistance is restricted to a one-time payment up to a capped amount.

Sources and Additional Resources

- SCN: Program, Billing, and Data Governance Operations Manual *(New York State Department of Health)*
- HRSN Services Eligibility Summary *(New York State Department of Health)*
- SCN: Introduction for Health Care Providers *(New York State Department of Health)*

Medicare Community Health Integration (CHI) Services *(launched January 2024)*				
Covered Services	**Provider Eligibility**	**Member Eligibility**	**CHW Requirements**	**Key Considerations/ Limitations**
• Health education • Patient self-advocacy training • Health system navigation • Social and emotional support • Care coordination • Person-centered assessment • Facilitating behavioral change • Leveraging lived experience	Organizations must be enrolled Medicare providers and comply with Medicare guidelines for reimbursement of CHI services. Qualified billing providers include physicians, nurse practitioners, physician assistants, and certified nurse midwives. Billing providers may directly employ CHWs or contract with CBOs that do.	Medicare Part B beneficiaries must have an initiating visit with an authorized billing provider and have unmet HRSN that hinder diagnosis or treatment. Beneficiaries who are receiving Medicare home health services are not eligible for CHI services.	CHWs must meet training requirements for the state in which they provide services. In states that do not have statewide CHW certification requirements, like New York, CHWs must be trained in the C3 competencies.	CHI services may include activities performed on behalf of the enrollee and are not limited to direct, face-to-face interactions (e.g., in-person, virtual, or phone-based). Only one billing provider may be designated for CHI services each month; however, services can be delivered as often as needed.

Sources and Additional Resources

- Calendar Year 2025 Physician Fee Schedule Medicare Final Rule *(Centers for Medicare & Medicaid Services)*
- Reimbursement Tips: Community Health Integration *(National Association of Community Health Centers)*
- HRSN Codes Implementation Resources *(Partnership to Align Social Care)*
- Search the Physician Fee Schedule *(Centers for Medicare & Medicaid Services)*