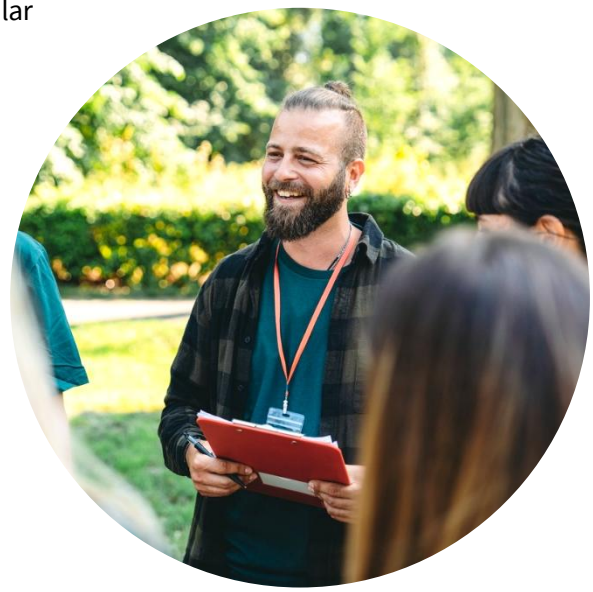
Center for Health Care Strategies

New York Medicaid Community Health Worker Benefit: Readiness and Implementation Tool

Community health workers (CHWs) are essential to bridge the gap between health and social care and expanding access to primary care and community-based services. CHWs often share similar backgrounds with those they serve. This shared experience, combined with their expertise in navigating complex health care and social systems, positions them as trusted professionals. CHWs provide a range of evidence-based services that improve health outcomes and reduce barriers to needed care and resources.

CHW services have historically been funded through grants, limiting sustainability and scale. Recent Medicaid and Medicare reimbursement pathways offer more stable funding streams. New York State Medicaid created additional options to fund CHW services through Social Care Networks (SCNs) and the Medicaid CHW benefit, which reimburses services such as health navigation, education, advocacy, and community violence prevention for eligible members.

This tool is designed for organizations that employ CHWs (or similar roles), are enrolled Medicaid providers, and have the infrastructure to implement the CHW benefit.* It helps organizations assess readiness to seek reimbursement, inform decision-making, and plan for implementation. The tool includes a checklist of key requirements and a practical framework for getting started. While tailored to New York State Medicaid, it may also inform similar efforts in other states pursuing CHW reimbursement.



This tool draws on lessons from the *New York Community Health Worker Reimbursement and Sustainability Learning Collaborative*, which supported community-based organizations and health systems in building capacity to access Medicare and Medicaid funding for CHW services. The collaborative was led by the Center for Health Care Strategies with support from the New York Health Foundation.

*Organizations that employ CHWs that are not enrolled Medicaid providers, such as CBOs, may have the opportunity to partner with Medicaid providers to deliver these services.

A Framework for Effective Implementation

When preparing to bill for covered services, organizations need a clear understanding of the benefit, strong internal alignment, and investment in the necessary staffing and infrastructure changes.

The following steps can help organizations move from exploring the Medicaid CHW benefit to planning and implementing it.

1
Assess alignment between the Medicaid CHW benefit and the current CHW service delivery model or goals for future CHW service delivery.

2
Partner with finance and billing staff to understand New York State Department of Health policy guidance and billing requirements for CHW services.

3
Model financial impact by projecting Medicaid billing revenue against total program costs (e.g., CHW salaries, supervising clinicians, billing and finance staff, infrastructure).[†]

4
Secure leadership buy-in, particularly from leaders overseeing the CHW workforce and clinical operations, as well as finance and operations.

5
Establish a cross-functional team to guide implementation of CHW reimbursement, with representation from finance, IT, compliance, CHW leadership, and program operations.

Implementation Checklist

Once organizations have taken these foundational steps to prepare for billing, they can use the checklist below to guide implementation and track progress across key operational actions. Refer to **Appendix A** for more details on the Medicaid CHW benefit and the provider policy manual for comprehensive guidance.

Eligible Populations, Services, and Processes

- ❑ Review current CHW activities to identify opportunities for Medicaid-covered services.
- ❑ Confirm the organization currently provides CHW services or is positioned to expand services to a significant portion of Medicaid-enrolled patients who are in at least one of the eligible groups:
  - Children and youth under age 21;
  - Adults with chronic conditions;
  - Pregnant and postpartum individuals (up to 12 months postpartum);
  - People with unmet health-related social needs (e.g., housing, nutrition, transportation, interpersonal safety);
  - People with justice system involvement within the past 12 months; and
  - People exposed to community violence or at elevated risk of violent injury or retaliation.

[†]While this is an important step, this should not serve as a full cost-benefit analysis, as an initial loss may still deliver long-term value through improved quality, reduced operational burden, and potential value-based payment opportunities.

- ❑ Establish a process to confirm eligible patients are not already receiving CHW services through the following programs:
  - Medicaid Health Home program;
  - Health Home Care Coordination Organizations (CCO-Health Homes);
  - Certified Community Behavioral Health Clinics (CCBHCs); and
  - Assertive Community Treatment (ACT) programs.
- ❑ Develop criteria to help determine whether health navigation services delivered by CHWs should be billed under the Medicaid benefit or as SCN services.
  - For Medicaid managed care members, screening, navigation and referral for social care services should be billed through the SCN.
  - If the organization chooses not to participate in an SCN during the NY 1115 waiver period, contact New York State Medicaid and/or contracted MCOs for guidance on allowable health navigation services through the CHW benefit.

For managed care members and contracts:

- ❑ Confirm billing, coverage, and reimbursement guidance directly with each MCO in which patients are enrolled.
- ❑ Identify existing capitated contracts with MCOs that include CHW services.
- ❑ Review contracts to determine which CHW services are included in the capitated rate, and which can be billed separately on a fee-for-service basis.
  - If CHW services are currently included in the capitated rate, consider exploring future contract amendments or negotiations to increase rates to ensure expanded CHW services will be covered or allow those services to be billed through a fee-for-service rate.
- ❑ Ensure the clinical team and CHWs understand which services are reimbursable through Medicaid and how they must be delivered, including:
  - Reimbursable services: health advocacy, health education, health navigation, and community violence prevention;
  - Services must be provided face-to-face;
  - Services may be delivered via video or audio-only if the patient declines video (must document the patient's refusal); and
  - Special consideration for federally qualified health center (FQHC)/rural health clinics; some services must be provided on site and cannot be bundled with other services on the same day.

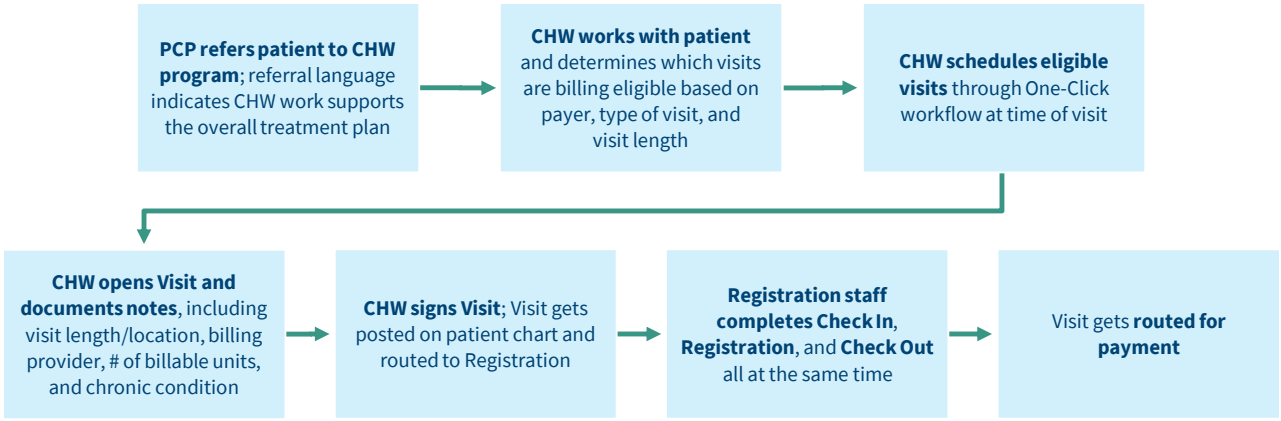
CHW Workforce, Workflows, and Service Delivery Infrastructure

- ❑ Assess appropriate staffing levels to support service delivery and implementation, including administrative staff.
- ❑ Establish a system to track and verify CHW qualifications during the hiring process and on an ongoing basis.
  - Confirm CHWs' qualifications are documented on file (e.g., CHW verification form).
- ❑ Determine whether CHW core competency and specialty trainings (e.g., training for community violence prevention services) will be developed and delivered internally or by a third-party.
- ❑ Establish or revise workflows to support Medicaid billing and care team integration, including processes for:
  - Licensed providers to initiate CHW services and provide clinical supervision (supervision can be clinical only, or a hybrid model involving both a clinical and CHW supervisor);
  - Verifying referred patients' eligibility for CHW services;
  - Capturing patients' CHW visits;
  - Documentation review and sign-off; and
  - Regular team check-ins and communication flows between CHWs and clinical staff to discuss shared patients.
- ❑ Provide training on new or revised integrated workflows and billing-related oversight, including for:
  - Clinical providers;
  - CHW supervisors (if following a hybrid supervision model);
  - CHWs; and
  - Registration/administrative staff.
- ❑ Develop tools to help CHWs and clinicians understand how daily CHW activities translate into billable time (i.e., a sample CHW workday schedule or a productivity tracker).
- ❑ Establish processes to:
  - Track CHW time spent with each patient per visit, as CHW services are billed in time-based increments requiring a clear mechanism to capture start and end times to support accurate billing (*one billable unit equals at least 16 minutes, with a maximum of 37 minutes*); and
  - Track annual utilization limits per patient *(adults: up to 12 units/6 hours; children: up to 24 units/12 hours).*

Billing Infrastructure and Information Technology

- ❑ Determine if CHW services will be billed under the supervising provider or the organization as a Medicaid-enrolled entity. Eligible billing entities include:
  - Clinics, FQHCs, and hospital outpatient departments;
  - Physicians, midwives, and nurse practitioners;
  - Psychologists, licensed mental health counselors, licensed marriage and family therapists; and
  - Health Homes.
- ❑ Identify CHW services procedure codes, modifiers, and fee schedules.
- ❑ Ensure an electronic health record (EHR) or an alternative system is in place to:
  - Store and exchange patient data in compliance with HIPAA; and
  - Capture CHW encounters, including time spent with patients, charge codes, and other required components for billing.
- ❑ Configure EHR for new service codes and procedures.
- ❑ Build standardized documentation templates to help CHWs accurately capture each service encounter within the EHR or other system.
- ❑ Train:
  - CHWs on documentation and EHR use; and
  - Finance and billing staff on CHW billing requirements and procedures.
- ❑ Create a workflow to review CHW services and bill Medicaid for eligible encounters. **Exhibit 1** provides an example of an organizational billing workflow.
- ❑ Establish internal quality and compliance processes to track denials and outcomes.

Exhibit 1. Billing CHW Epic Workflow



Adapted from New York City Health + Hospitals, a participant in CHCS' learning collaborative.

Appendix A. New York Medicaid CHW Benefit — At-A-Glance

The appendix summarizes key details about the benefit. Please refer to the CHW policy manual for the most comprehensive guidance.

Category	Details
Covered Services	• **Health education**: May include CHWs providing training or instruction to educate individuals about a health condition, concern, or need; supporting informed decision-making; and helping address barriers to accessing health care. • **Health advocacy**: May include CHWs supporting individuals in advocating for their health care and social care needs by connecting them to community-based resources and facilitating bidirectional communication with their providers in ways that are culturally and linguistically responsive. • **Health navigation**: May include CHWs making health-related referrals, identifying individuals' health and social care needs, and helping them navigate appropriate community-based resources and programs. • **Community violence prevention services**: May include all the services above, with a focus on trauma-informed recovery and peer support, crisis intervention, conflict mediation, and targeted case management.
Provider Eligibility	**CHW services may be billed by:** • Medicaid-enrolled physicians or other licensed practitioners, including nurse practitioners, midwives, psychologists, licensed clinical social workers, and licensed mental health counselors; and • Eligible clinics, FQHCs, hospital outpatient departments and health homes. **Services cannot be billed by:** • Organizations or providers who are not enrolled as a New York State Medicaid provider, such as community-based organizations and CHWs.
Member Eligibility	**Eligible Medicaid fee-for-service and managed care members may include:** • Children under age 21; • Pregnant and postpartum individuals; • Adults with chronic conditions; • People with justice system involvement in the past 12 months; • People with unmet health-related social needs; and • People exposed to community violence. **Ineligible populations include:** • Members enrolled in care coordination programs (e.g., Health Homes, CCBHCs, ACT); and • Managed care members receiving or eligible to receive health navigation services through the SCN.
CHW Requirements	**CHWs must complete:** • At least 20 hours of training aligned with CHW Core Consensus (C3) competencies or 1,400 hours of paid or volunteer CHW experience within the past three years; • Basic HIPAA training; and • Additional training and experience as required for community violence prevention services.

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Category	Details
Documentation Requirements	**CHW services must be documented by the CHW in a health record with at least the following:** • Clinician's recommendation for CHW services; • Type of services provided; • Needs addressed during the encounter; and • Date, time, and duration of service.
Billing Codes ***(as of 8/1/25)***	**CHW services may be billed with the following codes with a minimum of 16 minutes and a maximum of 37 minutes per unit (1 unit = 30 minutes):** • **98960** – Self-management education and training face-to- face using a standardized curriculum for one Medicaid member (modifiers: U1 and U3) *(Reimbursement rate: $35.00 per 30 minutes);* • **98961** – Self-management education and training face-to- face using a standardized curriculum for two to four Medicaid members (modifiers: U1 and U3) *(Reimbursement rate: $16.45 per 30 minutes)*; and • **98962** – Self-management education and training face-to face using a standardized curriculum for five to eight Medicaid members (modifiers: U1 and U3). *(Reimbursement rate: $12.25 per 30 minutes)*.

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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**.