

NYS Medicaid Community Health Worker Benefit

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Policy & Finance Team
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About This Resource

- This resource provides information on the **services that fall under the New York State (NYS) Medicaid Community Health Worker (CHW) services benefit**, and the components for each service. It also provides the **billing codes** for each service with general and billing guidelines for successful insurance carrier reimbursement.
- CHWs function as a liaison between health care systems, social services, and community-based organizations to improve overall access to services and resources and to facilitate improved health outcomes, overall health literacy, and prevent the development and/or progression of adverse health conditions, injury, or illness.

[New York State Medicaid Update – Community Health Worker Services for Pregnant and Postpartum People](#)

https://www.emedny.org/ProviderManuals/CommunityHealth/PDFS/CHW_Policy_Manual.pdf

Recognized Billable Clinicians and Eligible Populations



CHWs are not eligible to enroll with NYS Medicaid. Their services are to be billed by an approved Medicaid-enrolled, licensed billable supervising clinician acting within their scope of practice under state law.

Recognized billable clinicians are:

- Physicians
- Nurse Practitioners
- Midwives
- Psychologists
- Licensed Clinical Social Workers
- Licensed Mental Health Counselors
- Licensed Marriage and Family Therapists

NYS Medicaid indicates billing can also be done under the clinic, including FQHCs, hospital outpatient departments, and health homes, but verification is verified on how that claim should be submitted, as claims generally require a practitioner's name for submission.

POPULATIONS ELIGIBLE FOR CHW SERVICES

[Effective October 1, 2023](#), NYS Medicaid fee-for-service (FFS) and Medicaid Managed Care (MMC) plans recognize reimbursement for CHW services for **pregnant women and up to 12 months postpartum populations**.

[Effective January 1, 2024](#), NYS FFS Medicaid and April 1, 2024, for NYS Medicaid Managed Care plans, expanded the eligibility population to include the following populations:

- Children under 21 years of age
- Adults with chronic conditions
- Individuals with justice system involvement within the past 12 months
- 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
- Individuals with unmet health-related social needs in the domains of housing, nutrition, transportation, or interpersonal safety when identified through screening using the Centers for Medicare & Medicaid Services (CMS) [Accountable Health Communities Health-Related Social Needs Screening Tool](#)

Qualifications for a CHW



A CHW is a public health worker who 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

CHWs providing direct services must have obtained the following:

- 20-hour minimum training that includes the CDC-endorsed [CHW Core Consensus Competencies \(C3\)](#) OR 1,400 hours of experience working as a CHW in formal paid or volunteer roles within the past three years
- Basic HIPAA training
- For [CHWs providing community violence prevention services](#), the training and work experience requirements above are required in addition to at least six months or full-time of completed work experience equivalent 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. Additionally, the completion of a community violence prevention training program provided by entities approved by the NYS Department of Health which include Health Alliance for Violence Intervention (HAVI), NYC Department of Health and Mental Hygiene, or NYS Division of Criminal Justice Services (DCJS) is needed. All CHWs providing violence prevention services must be approved by the NYS Department of Health Office of Gun Violence Prevention and all CHWs providing violence prevention services must complete a minimum of 4 hours of continuing education in the field of community violence prevention, annually.

CHW Categories of Care and their Service Components



Covered CHW services are found under four categories of care:

1. Health Advocacy
2. Health Education
3. Health Navigation
4. Community Violence Prevention Services

The service components for each of these categories aim to improve health outcomes and overall health literacy, and to prevent the development of adverse health conditions, injury, illness, or the progression thereof.

CHW Categories of Care and their Service Components (1 of 4)

1. Health Advocacy – Service Components

This CHW service may include assistance to the patient for health advocacy in the following areas:

- Advocating for a patient's individual and healthcare service needs.
- Connecting patients with community-based resources and programming.
- Promoting empowerment and self-confidence of patients to ensure respectful and equitable care and support to prevent health conditions, illness, problem or injury or the progression of illness.
- Bridging cultural, communication, and language gaps between the health care system and the patients accessing care and services.

CHW Categories of Care and their Service Components (2 of 4)

2. Health Navigation – Service Components

These services may include assistance to the patient for health navigation in the following areas:

- Community-based and health care-related referrals and follow-up 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, only follow up to connect patients to these services*).
- Resource coordination directed to the individual (*Cannot provide case management services, only coordinating to direct patients to resources*).
- Help with enrollment or maintaining enrollment in government programs or other assistance programs (*can assist and educate but cannot directly select services/benefits*).
- Accompaniment to in-person and virtual health care visits and help to become established with community resources that will improve or maintain the patient's health.

CHW Categories of Care and their Service Components (3 of 4)

3. Health Education – Service Components

Health education facilitates the knowledge, skills, and abilities necessary to support informed decision-making, 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 patient's optimal experience in the health care system.

These education services may include assistance to the patient for health education in the following areas:

- Optimize health and address barriers to accessing health care, health education and/or community resources that incorporate the needs, goals, and life experience of the patient by being consistent with evidence-based standards. This may include providing instruction/training and/or information to:
 - Prevent a health condition, illness, problem or injury, or the progression of an illness with evidence-based standards.
 - Support informed decision-making, agency, problem-solving, active collaboration, and self-efficacy related to health and social care needs.
 - Optimize the patient's experience in the health care system.

CHW Categories of Care and their Service Components (4 of 4)

4. Community Violence Prevention Services – Service Components

Using evidence-informed, trauma-informed, and supportive non-therapeutic strategies, violence prevention services includes all the CHW services, with specific focus on:

- Promoting improved health outcomes, trauma recovery, and positive behavioral change
- Preventing injury and reducing the likelihood that patients who are victims of community violence will commit or promote violence themselves
- Providing peer support and counseling, mentorship, conflict mediation, and crisis intervention, 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.

In addition to being supervised by a licensed Medicaid enrolled provider, community violence prevention services must be provided by a trained and experienced CHW (*training requirements listed on slide #4*) . Services may be provided to a parent or legal guardian of a NYS Medicaid patient under the age of 21 for the direct benefit of the patient as recommended by a licensed provider. Services may be billed under the patient, but the patient must be present at the time of service.

Services Not Included in the CHW Benefit



The New York State Department of Health advises of [services that are not included in the CHW benefit](#):

- Clinical case management/care management services that require a license, including comprehensive Medicaid case management services and services outside the level of training the CHW has attained.
- 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 and services provided to Medicaid members who receive care coordination services through the Health Home program, a Health Home Care Coordination Organization, certified community behavioral health clinics, and/or Assertive Community Treatment.
- Advocacy for issues not directly related to the patient's health or social care needs.
- Language interpretation services, however, the licensed billing provider can bill for the services but only if provided by a dedicated employee or an independent third-party vendor (*e.g., telephone interpretation services*) whose sole function is to provide interpretation services for people 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.
- Time and activities that do not include direct engagement with the patient (*services may be provided to a parent or legal guardian of a NYS Medicaid patient under the age of 21 for the direct benefit of the beneficiary as recommended by a licensed provider*).

CHW Services: Documentation Requirements and Billing Nuances



Documentation Requirements for CHW Services

- CHW services must be documented in the patient’s record and should include the CHW branch of service provided (health advocacy and/or education and/or navigation and/or community violence service) with the components of services provided within that CHW branch of care. *(Information and nature of the CHW service provided)*
- Notation of the billing clinician’s recommendation for CHW services.
- Date, time, and duration of the time spent rendering the CHW service(s) to the patient.

Billing Nuances

- All Article 28 freestanding clinics and Hospital Outpatient Departments billing under the Ambulatory Patient Groups (APGs) can bill for CHW services.
- CHW services must be provided on site at the FQHC; off-site CHW services are not reimbursable.
- CHW billing guidelines for Medicaid Managed Care Plans must be verified with each plan individually. Medicaid provides a document that includes [all contact numbers for the plans](#).

Federally Qualified Health Centers (FQHCs)/Rural Health Centers (RHCs) Additional Billing Nuances	
Those Who Bill under the Prospective Payment System (PPS)	Those Who Bill under the Ambulatory Patient Groups (APG)
If you bill under PPS, you are allowed to bill for CHW services as a stand-alone service and as a service provided as part of a comprehensive encounter where other medically necessary services are also provided (e.g., a well-child visit). FQHCs and RHCs will be reimbursed a separate payment amount in lieu of the PPS rate when the CHW service is the only service provided.	If you bill under APG, you are not allowed to bill for a CHW service as a stand-alone service, you can only bill an APG claim if the CHW services are provided to the patient as part of a comprehensive encounter where other medically necessary services are also provided (e.g., a well-child visit).
When billing under PPS, Medicaid will reimburse one rate per day regardless of how many services are provided on a given day. Because FQHCs and RHCs billing under APGs can receive reimbursement for CHW services in addition to other medically necessary services provided on the same day, Medicaid allowed those that bill under the PPS to bill CHW services as a stand-alone service so they too can receive separate reimbursement for CHW services.	
A PPS claim should not be billed to Medicaid when the only services provided are CHW services. CHW services provided as a stand-alone service will be carved out of the FQHC/RHC all-inclusive rate and must be billed to Medicaid FFS as an Ordered Ambulatory (OA) claim submission. A PPS claim can only be billed if the CHW services are provided to the patient as part of a comprehensive encounter when other medically necessary services are also provided.	An APG claim is used to bill for the CHW services provided to a patient when part of a comprehensive encounter where other medically necessary services are also provided.

CHW Services: Billing Codes and Billing Guidelines



CHW Services Billing Codes

Billing Code	Modifier	Description of Code
98960	U1, U3	Self-management education and training, face-to-face, using a standardized curriculum for an individual NYS Medicaid member-30 minutes of service
98961	U1, U3	Self-management education and training, face-to-face, using a standardized curriculum for two-four (2-4) NYS Medicaid member-30 minutes of service
98962	U1, U3	Self-management education and training, face-to-face, using a standardized curriculum for five-eight (5-8) NYS Medicaid member-30 minutes of service

BILLING GUIDELINES:

- Medicaid will reimburse for each 30-minute self-management code, when at least 16 minutes of service is rendered, with a maximum of 37 minutes.
- For patients 21 years of age and older, NYS Medicaid will reimburse for up to 12 units total (30 minutes=1 unit) per member, per year, of CHW services. Providers must include a diagnosis on the claim that identifies either the chronic condition, social care need, or qualifying risk criteria of the NYS Medicaid member using the appropriate diagnosis code and/or the ICD-10 Z-code.
- For patients under the age of 21, NYS Medicaid will reimburse for up to 24 units (30 minutes=1 unit) per member, per year, of CHW services. A diagnosis is not required to support medical necessity for CHW services, but a Z-code (social determinants of health codes-Z55.0-Z65.9) relevant to the patient should be reported. CHW services must involve direct, face-to-face interaction with the patient.
- For pregnant and postpartum patients, the appropriate pregnancy diagnosis or postpartum diagnosis should be reported.
- When billing for CHW services that are **not** community violence prevention services, modifiers U1 and U3 must be included consecutively, in this order, on the claim line when seeking reimbursement for billing codes 98960-98962
- **For community violence prevention services provided by a CHW, the order in which the modifiers are reported changes.** Instead of reporting U1 and U3, you must report U3 and U1 consecutively, and in that order. This will identify the CHW services are community violence prevention.

Questions?

- Contact HealthySteps National Office Policy & Finance Team: HSPolicyandFinance@zerotothree.org
- HealthySteps National Office [Sustainability Resources](#)
- HealthySteps National Office [New York Sustainability Resources](#)
- eMedNY New York State Medicaid Provider Policy Manual-April 2025: [Community Health Worker Services Policy Manual](#)
- New York State Medicaid Community Health Worker Services Policy Manual-April 2025-emedNY New York State Medicaid Program Information document for Medicaid [Managed Care Information contact telephone numbers for retrieving information on the billing for CHW Services.](#)
- New York State Medicaid Update - September 2023: [Community Health Worker Services for Pregnant and Postpartum People](#)
- New York State Medicaid Update - December 2023: [Expanded Eligibility for Community Health Worker Services](#)
- New York State Medicaid Update-October 2024: [Federally Qualified Health Centers and Rural Health Centers Reimbursement for Community Health Worker Services](#)