

# 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](#)

# 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
- Licensed Clinical Psychologists
- Licensed Clinical Social Workers
- Licensed Mental Health Counselors
- Licensed Marriage and Family Therapists

## 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](#), for FFS Medicaid and April 1, 2024, for MMC plans, NYS Medicaid 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

# CHW Services and Service Components

Covered CHW services are found under three categories of care:

1. Health Advocacy
2. Health Education
3. Health Navigation

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 Services and Service Components (1 of 3)

## 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 Services and Service Components (2 of 3)

## 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).
- 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).
- 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 Services and Service Components (3 of 3)

## 3. Health Education – Service Components

These 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.
- 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.



# 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.
- 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.
- 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.
- Services outside the level of training the CHW has attained.
- Advocacy for issues not directly related to the patient's health or social care needs.
- Language interpretation services.
- 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 member under the age of 21 for the direct benefit of the beneficiary as recommended by a licensed provider).

# CHW Services: Documentation and Billing Guidelines (1 of 2)



## Documentation Requirements for CHW Services

- CHW Services must be documented in the patient's record and should include the service(s) (health advocacy and/or education and/or navigation) rendered to the patient, making certain that the components of the service(s) rendered are reflected in the documentation.
- 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.

## Federally Qualified Health Centers (FQHCs) - Specific Guidelines

- FQHCs can only bill for CHW services if the FQHC has elected to be reimbursed under the APG Medicaid reimbursement methodology.
- FQHCs can only bill for CHW services if billed in conjunction with another visit with a licensed health care provider.

For NYS Medicaid members enrolled in an MMC Plan, providers must contact the MMC Plan of the enrollee for billing instructions. MMC Plan contact information can be found in the [eMedNY New York State Medicaid Program Information for All Providers - Managed Care Information document](#).

# CHW Services: Documentation and Billing Guidelines (2 of 2)



## 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 pregnant and postpartum patients, the appropriate pregnancy diagnosis or postpartum diagnosis should be reported.
- 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 if there is a Z-code relevant to the member, it should be reported. CHW services must involve direct, face-to-face interaction with the patient.
- 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", "98961", or "98962". For community violence prevention services provided by a CHW, modifiers U3 and U1 must be included consecutively, in this order, on the claim line when seeking reimbursement for billing codes "98960", "98961", or "98962".
- All clinic types are eligible to bill for CHW services. Article 28 clinics can bill for CHW services using the codes on Ambulatory Patient Groups (APG) claim.
- CHW benefits will be reimbursed for by NYS Medicaid when any of the three categories of care are rendered.

# Questions?

- Contact HealthySteps National Office Policy & Finance Team: [HSPolicyandFinance@zerotothree.org](mailto:HSPolicyandFinance@zerotothree.org)
- HealthySteps National Office [Sustainability Resources](#)
- HealthySteps National Office [New York Sustainability Resources](#)
- eMedNY New York State Medicaid Provider Policy Manual: [Community Health Worker Services Policy Manual](#)
- 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](#)