Kentucky Department
for Public Health

CHW Medicaid Billing Best Practice Guide for Local Health Departments

Our mission is to improve the health and safety of people in Kentucky through prevention, promotion and protection.

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Revised: 2025

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Acknowledgements

Thank you to the following organizations who have provided feedback and guidance to create this document:

Kentucky Office of Community Health Workers

Kentucky Department for Public Health – Local Health Department Branch

Purchase District Health Department

Kentucky River District Health Department

Buffalo Trace District Health Department

Kentucky Health Center Network Workgroup Participants

Kentucky Health Center Network

Kentucky Diabetes Prevention and Control Program

Lake Cumberland District Health Department

Big Sandy Healthcare

Three Rivers District Health Department

This work is supported by the Centers for Disease Control and Prevention (CDC) DP21-2109 and Preventive Health and Health Services Block Grant funds. The contents are those of the authors and do not necessarily represent the official views of, nor an endorsement by, CDC/HHS or the U.S. Government.

Suggested Citation: Kentucky Department for Public Health (KDPH). CHW Medicaid Billing Best Practice Guide for Local Health Departments 2025. Frankfort, Kentucky: Cabinet for Health and Family services, Kentucky Department for Public Health, 2025.

Contact Information: For questions about this report, contact: Kentucky Office of Community Health Workers at CHW.Certification@ky.gov

Introduction

As of July 1, 2023, Kentucky Medicaid reimburses for Community Health Worker (CHW) services, recognizing the vital role these workers play in improving community health outcomes. This guide aims to provide health care providers with essential information, strategies and best practices to navigate the billing process efficiently and maximize reimbursement opportunities, ensuring that CHWs can continue to deliver essential care to our communities.

This guide is specifically for Local Health Departments and divided into two essential sections:

- Section1: General Billing Guidance and Best Practices for Local Health Departments
- Section 2: Resources and Appendices for Local Health Departments

Section 1: General Billing Guidance and Best Practices

Providers Eligible for CHW Reimbursement

Services provided by a Certified Community Health Worker (CCHW) to Medicaid patients are eligible for reimbursement under certain conditions outlined in 907 KAR 3:310.

To be eligible for reimbursement, a CHW must have active certification and must be:

- Legal United States resident;
- Live and/or work in the state of Kentucky;
- Be at least eighteen (18) years of age;
- Must not be on the Medicaid excluded provider list; and
- Meet and maintain the certification or recertification requirements outlined in 902 KAR 21:040.

CHWs are responsible for maintaining active certification status in Kentucky. To confirm that a CHW holds an active certification in Kentucky, refer to the CHW Certification Registry or contact the Kentucky Office of Community Health Workers (KOCHW) at CHW.Certification@ky.gov.

Providers billing for CHW services must be enrolled in Kentucky Medicaid and appropriately credentialed to provide services. Services provided by a CCHW employed by a local health department (LHD) must be billed for under the LHD National Provider Number (NPI). CCHWs may not bill Medicaid under an independent provider number.

In addition to the LHD NPI number, each CCHW must have a "Provider" number in the CDP Portal system. This number is requested by the appointing authority at the LHD through the Local Health Help Desk. ezEMRx providers are set up using this same process but they also have an extra step on the Electronic Medical Record (EMR) side. Other LHDs with different EMRs, will have to program this for their system to bill CHW services and must be notified of the program parameters.

KRS 205.648 defines which provider types can order and approve CHW services and which provider types can bill for CHW services. These are listed in Table 1 below.

Table 1– Medicaid Ordering vs Billing Providers

Can Order and Approve CHW Services	Can Bill Medicaid for CHW Services
Physician (MD/DO)	Physician Offices – 64, 65
Physician Assistant	Physician Assistant – 95
Nurse Practitioner	Nurse Practitioner - 78
Certified Nurse Midwife	Nurse Midwife – 72
Dentist	Dentists – 60, 61
Optometrist	Optometrist - 77
	Certified Community Behavioral Health Centers (CCBHS) - 16
	Federally Qualified Health Centers (FQHC) - 31
	Rural Health Centers (RHC) - 35
	Community Mental Health Centers (CMHC) - 30
	School Services - 21
	Local Health Departments – 20, 71
	Behavioral Health Services Organizations (BHSO) – 03
	Behavioral Health Multi-Specialty Group – 66

The Department of Medicaid Services (DMS) states that the patient does ***not*** have to be seen by a medical provider before ordering CHW services. However, services must be ordered and approved by an approved provider type (907 KAR 3:310) and the patient must have a clearly documented need for CHW services in their record (See Appendix G). The services must be related to a medical intervention outlined in the individual's care plan.

Standing Orders

The Department of Medicaid Services allows the use of standing orders for CHWs where appropriate. Local Health Departments should refer to the KDPH policy/protocol for information on implementing standing orders. See Appendix C for the standing order template which is recognized as best practice by the Kentucky Board of Nursing.

Billable CHW Services

To be billable, CHW services must be ordered or approved by an ordering provider and delivered according to a plan of care approved by the provider and may include the services described in Figure 1.

Figure 1 - CHW Services

Health System Navigation and Resource Coordination	Health Promotion and Coaching	Health Education and Training Consistent with Health Standards
•Helping a patient find providers to receive a service •Helping a patient make an appointment for a service •Arranging transportation to a medical appointment •Attending an appointment with a patient •Helping a patient find other relevant community resources and programs such as support groups, food patnries, utility assistance and programs addressing social determinants/drivers of health	•Providing information or education to patients that make positive contributions ot their health status inclluding: •Cessation of tobacco use •Reduction in the misue or alcohol or drugs •Improving nutrition •Improving physical activity •Family planning •Control of stress	•Immunizations •Prevention and control of high blood pressure •Prevention and control of diabetes •Control of sexually transmittable infections •Prevention and control of asthma triggers •Identification of hazards in the home and control of toxic atents •Accident prevention •Prevention of dental caries •Self-management of physical, dental and/or mental health

Please note that not all CHW services and work are reimbursable. Per the CHW scope of practice, CHWs will provide services that cannot be reimbursed by Medicaid. For example, a CHW may not obtain reimbursement from Medicaid for transporting a client to and from appointments, or for time spent traveling from one location to another.

LHD Documentation and Electronic Health Record (EHR) Best Practices

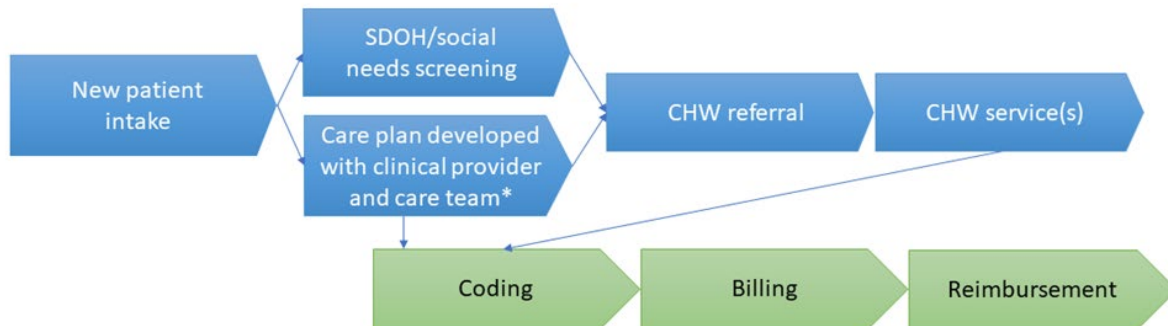
Kentucky LHDs use a variety of methods for documenting patient care including ezEMRx, EPIC, paper charting and other available systems. The process for documentation and billing will be established according to the system used by the LHD. However, there are standard required components that should be included by CHWs in documentation regardless of the method used by the LHD for charting, documentation and billing.

How the CCHW is added to the Electronic Health Record (EHR) will depend on the specific EHR used. The CHW will need the following abilities:

- Sign encounters;
    - While CHWs will need to sign their own encounters, claims should not be submitted with a CHW as the provider.
- Submit encounters to billing;
- Create an encounter; and

- Access and add new templates including but not limited to Social Determinants of Health Screening Templates and the templates each organization determines are required to document CHW notes.

Figure 2 - Sample Flow Chart for CHW Services and Billing



*As part of the care team, CHWs should be involved in the development of the care plan after referral and patient engagement with the CCHW.

Organizations should also have a written process to demonstrate that CHW services are reviewed and approved by the ordering provider, as required by regulation. Clearly demonstrate the approval should DMS or another entity inquire. While not explicitly required by the regulations, providers signing off on CHW notes and/or care plans clearly demonstrates that the ordering provider has reviewed and approved the CHW services.

Order/Referral to CHW Services

Kentucky Medicaid does not require an official referral to order CHW services, however it is best practice for billing to document the order or referral in the patient chart. See Appendix E for a sample paper referral form if needed.
The order/referral to CHW services should be documented in the electronic health record in a consistent location so that it can be easily tracked and monitored. The need for CHW services must be clearly demonstrated in the medical record. Patient needs can be documented by:

- Providing a social determinants of health (SDOH) pre-screen or assessment (more information below),
- Documenting the medical need for CHW services, including the diagnosis code as applicable, and/or
- Documenting patient statement of need

The following are considerations for your CHW program referrals:

- Will referrals to CHW services be documented as part of existing referral management processes?
- Will CHW referrals be directed to one person and distributed?
- Will CHW referrals be directed to specific CHWs based on specialty?
- How will CHWs report the total number of referrals and closed referrals?

- How long will CHWs have to respond to referrals?
- How will CHWs track and monitor unresolved referrals?
- How long are CHW referrals valid?
- Demonstrate provider review of CHW services and integration into a care plan.
    - Leverage the electronic health record (EHR) for a process that puts minimal burden on providers. Ex: Some EHRs have care plan templates that can pull in CHW services and will be signed off as a provider signs off on medical visits.
- For more information, see also the section on Standing Orders on page seven.

Consent for CHW Services

For the purposes of billing Medicaid for CHW services, LHDs should use the C H-5 Registration, Authorizations, Certifications and Consents form required for every LHD patient.

Assessments

Screening clients and patients for needs related to the SDOH helps to assist them in meeting their health goals, facilitates referrals to CHW services and later provides documentation for services (See Appendix B).

Document the Patient's Care Team

Document the patient's care team members in the EHR and preferably in CHW notes. The care team should include at a minimum the provider ordering CHW Services and the assigned CHW. Also consider including:

- Behavioral Health Providers
- Pharmacists
- Nurse Care Navigators
- Care Managers
- Case Managers
- Dentists

Document the Date and Time of the Service

There must be a record of the date and time that CHW services were performed. Electronic Health Records will likely have these settings automatically applied to notes, but it is useful to develop a workflow/instruction for circumstances where the services occur on a date other than the date of documentation.

Document Time Spent with the Patient

Billing is based on 30-minute encounters. Document the start time, end time and total time providing services. Review the Electronic Health Record; many have time keeping mechanisms that can make this easy and add it to the notes. Note that timestamping must show at least 16 minutes of services provided directly to the patient to bill for one 30-minute unit.

Document Care Plan Goals and Objectives

The patient care plan should include patient goals. Initially the best practice is to have goals linked to patient assessment. As a CHW works with the patient the goals and objectives may be met and change over time as the patient's needs change. Always include justification for the patient goals and objectives which can include additional assessments or documenting the patient's need (See Appendix D)
Objectives are the steps taken to reach the final goal. Care plan objectives should be SMART:

- **Specific:** Make the objective well-defined and clear.
- **Measurable:** The objective should include how progress will be measured.
- **Achievable:** Keep objectives realistic considering barriers as well as timeframes. Keep the patient objectives focused on what they have control over. For example:
  - Objective within patient control: The patient will complete three housing applications with the assistance of the CHW within two months.
  - Objective not within patient control: The patient will get an apartment within two months.
- **Relevant:** The objective should be relevant to the patient's situation and to what the patient has identified as their primary needs. Make sure the patient's overall goals are tied to their assessments and stated needs. Patients should not have generic goals and objectives. They should be relevant to them and specific to their circumstances.
- **Time Bound:** Clearly define a timeline including a start and/or target date. Depending on the patient goals and objectives, they may be staggered so that they are working on one at a time rather than all of them at once.

Resource: SAMHSA Goal and Objective Setting

Document Interventions

Within the patient care plan, document the services provided to the patient. Each visit submitted for billing must clearly demonstrate that billable services were provided see discussion of billable CHW services on page 8).
As stated above, not all services within a CHW's scope of work are billable. Generally, it is recommended to document patient services that are non-billable as part of the patient care plan. However, it is important to develop an internal process to distinguish billable and non-billable services and ensure that non-billable services are not submitted to Medicaid for reimbursement.

CHW Sign-Off

CHWs must have the ability to sign-off on their notes and the care plan. Include the CHW's Certification number as part of the CHW sign-off and ensure that there is back up documentation showing the CHW's certification number and that their certification is active. CHWs are responsible for maintaining active certification status in Kentucky and are required to do so to bill Medicaid. To confirm that a CHW holds an active certification in Kentucky, refer to the CHW Certification Registry or contact the KOCHW at CHW.Certification@ky.gov.

Define How the Ordering Provider Reviews Care Plan

Per DMS requirements, the ordering provider is not required to sign-off on CHW documentation prior to billing, however each organization should have a plan and process for how providers will review CHW

documentation. This can be completed by having the care plan integrated with medical documentation, documented care team meetings, documented communication between the provider and CHW, etc. As a best practice, ensure that there is documentation within the EHR confirming that the provider has reviewed the care plan and CHW documentation. Many organizations who are successfully billing Medicaid for CHW services require a provider to sign off on CHW notes prior to billing. Other options include:

- Provider sign off on the care plan at designated intervals.
- Incorporate review of the care plan and CHW documentation into the sign off of medical notes. CHW care plans can be built into the provider workflow for review during medical visits.
- Document care team meetings between the CHW and Provider for specific patients.

Discharge/Discontinuing Services

Patients may be discharged from or discontinue CHW services for a variety of reasons including:

- **Achievement of Goals**: Discharge CHW services when the patient has met the goals outlined in their care plan, such as improved health outcomes, increased self-management skills, or resolution of social needs.
- **Stabilization**: Discontinue services if the patient's condition or situation has stabilized to the point where CHW support is no longer necessary.
- **Transition to Higher-Level Care**: If the patient requires more intensive medical, behavioral, or social services beyond the scope of CHW care, they should be referred to appropriate providers and CHW services can be discontinued.
- **Lack of Engagement**: If the patient consistently fails to engage with CHW services despite multiple attempts to re-engage, services may be discontinued. This should be done after clear communication with the patient and efforts to understand and address barriers to engagement. Communication attempts should be documented in the patient chart prior to discharge from CHW care.
- **Patient Request:** If the patient requests to discontinue CHW services, their wishes should be respected after confirming that they understand the implications and have access to alternative support if needed.
- **Change in Eligibility:** If the patient no longer meets the criteria for CHW services (e.g., changes location, or program eligibility), services may be discontinued with appropriate referrals to other resources.

As part of the discharge process, the CHW should conduct a review of the care plan and update the plan as needed. The decision to discharge a patient from CHW services should be clearly communicated to the patient and should include a discussion of the next steps. As needed, provide referrals to other healthcare providers, social services, or community resources to ensure continuity of care.

Billing for Services – Medicaid

Reimbursement rates for CHW services are documented in the Medicaid Physician Fee Schedule (PFS). This information is only applicable to billing for services provided to Medicaid members. Medicaid Fee for Services will also be reimbursed for CHW services.

Billing Codes

CHWs can bill for both individual and group services, as outlined in Figure 3

Figure 3 – CHW Fee Structure

CPT 98960	CPT 98961	CPT 98962	D9994
• 1 patient • $22.53 per 30 minute increment	• 2-4 patients • $10.88 per patient, per 30 minute increment • Total Per 30-minute increment: $21.76 - $43.52	• 5-8 patients • $8.03 per patient, per 30 minute increment ○ Total per 30 minute increment: $40.15 - $64.24	• 1 patient • $22.53 per 30 minute increment billable by dental health providers

Per DMS, to bill CHW services for 30 minutes, the CHW would need to spend a minimum of 16 minutes with the individual. There are no place of service requirements or restrictions for CHWs. These services may be provided in-person or via telehealth, with services in both settings reimbursed at the same rate.

There is an annual limit of 104 units **per year, per provider group**. For example, if a patient receives 25 billable units of CHW services at a Federally Qualified Health Center (FQHC), and then starts working with a CHW at a Local Health Department, the Local Health Department can still bill up to 104 units. The services provided with the CHW at the FQHC are under a different provider group type. Local Health Department Organizations should ensure that they are tracking their billed units.

For additional information, please refer to the Department of Medicaid Services Physician Fee Schedule and Frequently Asked Questions (Appendix G)

UB Modifier

A UB modifier should be added to claims to demonstrate that care was provided by someone other than the billing provider.

Diagnosis Codes

Documentation for Medicaid billing requires the use of diagnosis codes listed in the ICD-10 manual. While most codes are used to describe an illness or complaint that led to the visit, Z codes are used for other reasons that lead to contact with the health care provider. Z codes are listed in Chapter 21 of the ICD-10 manual and provide information about the patients that help to document their treatment. Some of these Z codes are related to the SDOH, and therefore relate to many of the services provided by CHWs. To use Z codes for reimbursement, the codes used must have supporting documentation. Using the PRAPARE screening is considered a best practice for documenting and justifying the need for a service or resource.

Not all SDOH Codes can be billed as primary diagnoses, including the most common SDOH codes. If a claim is submitted with a Z Code that is indicated as "Unacceptable Primary Diagnosis" in the ICD-10

Manual, it will likely be denied ("invalid diagnosis code or does not meet the required level of specificity.")

There multiple are options for diagnosis codes, and it is important to involve relevant staff within the organization, including billing and coding staff to outline the approach to billing. The following are examples of how CHW services may be coded:

- CHWs can use the medical diagnosis that resulted in a CHW referral as the primary diagnosis.
    - Example: I10 Essential (primary) hypertension as primary, Z59.41 Food insecurity as secondary
        - If an organization chooses this method, it is best practice for the provider to include the medical diagnosis code on the referral to the CHW.
- CHWs can use their SDOH Assessment to identify patient needs and use Z Codes that can be billed as primary.
    - Example 1: **Z13.9** Encounter for screening, unspecified as primary, **Z59.41** Food insecurity as secondary.
    - Example 2: **Z59.9** Problems related to housing and economic circumstances, unspecified as primary **Z59.00** Homelessness unspecified as secondary.

These examples are given as illustrative examples only. Please consult with organization billing staff for specific guidance.
CHWs should receive training in appropriate billing and coding when they begin their position and on a regular interval to ensure billing practices are compliant with Medicaid requirements.
For additional detail on using Z-codes to bill for CHW services, refer to the PRAPARE – Z Code Cross Walk, CMS Z Code Guide, and Z Code Cheat Sheet.

Tracking the Number of Billable Services

Per an update provided on May 6, 2024, and effective July 1, 2024, the limitation of two CHW service units per week per provider group has been removed (Appendix F). The annual limit of 104 units per year per provider group is still in place. CHWs within a provider group should develop a methodology to track the number of CHW encounters annually.

Troubleshooting Denied Claims

CHW claims can be denied for several reasons. It is important to track the claim status and ensure that claims are being reimbursed appropriately. If a claim is denied, there will be a reason for denial noted, which will help identify what may need to be done to correct a claim. Below are steps for troubleshooting denied claims based on common denials.

- Check with providers to make sure that the provider billing Medicaid is enrolled in the Medicaid program and an approved provider (see list of eligible providers in Table 1 on page 7).
- Check for the UB Modifier.
- A CHW service performed on the same day as another billable service will be included on the same claim and not paid separately.
- Double check diagnosis codes on the claims to make sure the primary diagnosis can be billed as primary.

- Check the patient's usage of CHW services to make sure they haven't received more than the allowable number of services.

Grants

If a billing provider receives federal, state or private grant funding supporting a CHW the provider cannot also bill Medicaid for services provided by that CCHW for a Medicaid member. The provider is responsible for maintaining records demonstrating that there was no duplication of funding for the CHW and Medicaid reimbursement.

Patient Encounter Form (PEF)

CCHWs should complete the Patient Encounter Form (PEF) for each client. What is recorded on the PEF should match what is entered into the system and documented in the chart. (See Figure 4)

Figure 4 - Patient Encounter Form and Service Record

√	CPT CODES			PROVIDER NUMBER
	S806I	TB Incentives	UNITS: ________	
	S806E	TB Enablers	UNITS: ________	
	TB____	TB Program Tracking Code		
	TB____	TB Program Tracking Code		
	99411	Group Counseling – 30 Minutes		
	99412	Group Counseling – 60 Minutes		
	G0108	DSMT, Individual each 30 Minutes	UNITS: ________	
	G0109	DSMT, Group each 30 Minutes	UNITS: ________	

√	TOBACCO			PROVIDER NUMBER:
	1000F	Tobacco Use Assessed	ICD	
	4000F	Tobacco Use, Cessation Counseling	ICD	
	4001F	Tobacco Use, Pharmacological Invervention	ICD	
	99406	Smoking/Tobacco Use, Cessastion Counseling 3-10 Minutes		
	99407	Smoking/Tobacco Use, Cessastion Counseling 10+ Minutes		
	S9453	Smoking cessation classes, non-physician provider, per session		
√	CHW			
XX	98960	1 Patient, Per 30-Minute Increment	ICD Z13.9, Z75.3	S0925
	98961	2-4 Patients, Per 30-Minute Increment	ICD	
	98962	5-8 Patients, Per 30-Minute Increment	ICD	

ADDITIONAL CPT/HDPT CODES (WRITE-IN)

CPT/HDPT	MOD	PROVIDER NUMBER	ICD 1	2	3	4	REFERRAL	CHARGE/ QUANTITY	UNIT	OVERRIDE AREA

NET TOTAL CHARGES → $ | AMOUNT PAID TODAY → $

Figure 5 pictures a CHW note sample, which includes the date of service, referral from the physician, reason for referral, start and end time, outcome of visit and CHW signature.

Figure 5 - CHW Service Record Note

SERVICE RECORD

Sharon Trivette
PATIENT NAME

12345678
PATIENT ID NUMBER

DATE	(ALL NOTES MUST BE SIGNED AND FOLLOWED BY STAFF TITLE)
6/5/2024	Referral from Dr. John Smith for navigation and transportation resources.
	Start time: 9:40AM Screened patient with PRAPARE tool. Assisted with application
	For Medicaid approved transportation service. End time: 10:28AM *Laura Eirich, CHW*

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Section 2 – Resources and Appendices

Resources

- CHW Medicaid FAQ 11/1/2024 (Appendix G)
- CHW Provider Letter (dental)
- Kentucky Revised Statute (KRS) 309.460, 309.462 and 309.464
- Kentucky Administrative Regulation (KAR) 902 KAR 21:040
- KOCHW Webpage
- KOCHW One-Pager
- Core Competency One-Pager
- CHW Certification Registry
- PRAPARE Screening Tool
- Example Standing Order for Community Health Worker Services to Conduct Advanced Care Planning
- CMS Z Code Guide
- 2024 Kentucky Medicaid Physician Fee Schedule
- CHW Service Limitation Update (Appendix F)
- CHW Medicaid Power Point
- CHW Provider Letter (non-dental)
- Kentucky Revised statute (KRS) 205.648
- Kentucky Administrative Regulation (KAR) 907 KAR 3:310
- CHW Certification Manual
- Certification One-Pager
- KOCHW Supervisor Best Practices
- CHW Certification Online Application
- PRAPARE – Z Code Cross Walk
- North Carolina Standing Order Template (Appendix C)
- Z Code Cheat Sheet

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Appendix A – CHW Job Description/Posting Sample

Purchase District Health Department
Promoting Health. Preventing Disease. Protecting You.

916 Kentucky Avenue – P.O. Box 2357
Paducah, Kentucky 42002-2357
(270) 444-9625 Fax: (270) 575-5458

EXAMPLES OF WORK:

- Work under the Floss and Gloss Program (in-school preventative dental service) supervision
- Operate within the structure of state dental practice acts
- Address social, environmental and health literacy issues
- Provide effective dental health education
- Help people develop goals to improve their oral health
- Coordinate care under Floss and Gloss Program instructions
- Help patients navigate the complexities of the healthcare system
- Provide appropriate clinical services as needed
- Monitors the delivery and outcome of services
- Stay informed of changes to dental insurance and healthcare systems
- Completes documentation as required (Computer literacy required)
- Participates in staff community and statewide workgroup meetings
- Performs related work as required
- Coordinate and perform community events as directed: Back-to-School events, Oral Health Education events, etc.

KNOWLEDGES SKILLS AND ABILITES:

- Ability to work with a multidisciplinary team
- Ability to exercise judgment and sensitivity when investigating the background of patients and determining their needs
- Ability to maintain confidential materials
- Ability to communicate effectively orally and in writing
- Ability to operate office equipment (e.g., computer software, telephone, interpreter phones, copier, fax and other electronic communication methods)
- Ability to gather and analyze data
- Must be able to work independently on assigned tasks

MINIMUM REQUIREMENTS

- High school diploma or its equivalent (required)
- Must be willing to obtain and maintain a Community Health Worker Certificate
- Previous work experience participating in community outreach, conducting health promotion activities, or assisting patients with navigating the healthcare system, in a community health or social services setting. (preferred)

Appendix B – Health/Social Needs Assessments

CHW programs should incorporate evidence-based assessments into their workflow. Assessments should be evidence-based and should address the following categories:

- Housing
- Food
- Transportation
- Utilities
- Interpersonal safety.

PRAPARE Assessment
The PRAPARE is a validated and standardized tool used to identify barriers related to social determinants of health and can be integrated into most electronic health records (EHRs) or administered using a hard copy. For organizations who may want to start with a smaller subset of questions, the KOCHW recommends using the "PRAPARE light" which consists of questions 7, 8, 12, 14 and 15.

Please note that the PRAPARE light does not address interpersonal safety. Additional questions from the full PRAPARE tool, or another validated tool, should be added to ensure all categories are addressed.

PRAPARE "Light"
1. What is your housing situation today? (Choose one of the following.)
a. I have housing
b. I do not have housing (staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, or in a park)

2. Are you worried about losing your housing? (Choose one of the following.)
a. Yes
b. No

3. What is your main health insurance? (Choose one of the following.)
a. None/uninsured
b. Medicaid
c. CHIP Medicaid
d. Medicare
e. Other public insurance (not CHIP)
f. Other public insurance (CHIP)
g. Private Insurance

4. Are you or any family members you live with unable to get any of the following when it is really needed? (Check all that apply.)
a. Food
b. Clothing
c. Utilities
d. Childcare
e. Medicine or Any Health Care (Medical, Dental, Mental Health, Vision)

f. Phone
g. Other (enter written answer): ___________________

5. Does lack of transportation keep you from medical appointments, meetings, work, or from getting things needed for daily living? (Check all that apply.)
a. Yes, it has kept me from medical appointments or from getting my medications.
b. Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need.
c. No

Other Assessments

There are other assessments that may be conducted as part of CHW services. CHWs should receive training appropriate for administering assessment. For each assessment completed, include the results in the medical record. All assessments should be evidence-based and include the five required categories. The Centers for Medicare and Medicaid Services (CMS) Accountable Health Communities (ACH) Health-Related Social Needs Screening Tool is one such tool, but others may be used.

Appendix C – CHW Standing Orders Template

*Standing Orders should be on organizational letterhead

Title of Standing Order:
Purpose Statement:

Condition or Situation	
Condition or Situation in Which the SO Will Be Used	
Assessment	
Assessment Criteria	
	Subjective
	Objective
Nursing Plan of Care	
Contraindications for Use of this Order	
Medical Treatment	
Nursing Actions	
Follow-up	
	Criteria for Notifying the physician/APP
Criteria for Notifying the physician/APP	

Approved by: _________________________________Date approved (or last reviewed): _______________
(Signature of physician/APP)

**This template is intended to guide you in writing Standing Orders for your local agency. The areas in GREEN are the required components of a valid Standing Order according to the North Carolina Board of Nursing (NCBON). Please see the For Local Health Departments website or NC Board of Nursing website for more guidance.

Appendix D – CHW Goal and Objective Setting and Progress Notes Template

*This should be on organizational letterhead

Client Name____ Date_________________________

Goal:	**Start Date:**	**Completed:**
Objectives: (Actions to take to reach the goal. These should be SMART) 1. 2. 3.		
On a scale of 1 – 10, confidence in completing this goal:		
Resources (internal and external) that will help reach the goal are: **Challenges that may get in the way are:** **Ways to overcome or resist these challenges are:**		

Next Meeting:

Date	Time	Location

Client Signature____ Date_________________

CHW Name:____Date:________________

CHW Signature:____

Progress Notes

Document the client's progress in implementing their goals, including successes and challenges.

Client Name____ Date_________________________

The client made the following progress in implementing their goals/action plan:
Challenges faced:
Changes to the goals/action plan:
Referrals Provided:

Client's confidence on moving forward with their goals/action plan: _________

Next Meeting:

Date	Time	Location

CHW Name:____Date:_______________

CHW Signature:____

Appendix E – CHW Referral Form Template

*This should be on organizational letterhead.

___________________________________ is being referred to the ______________________________ for
(Name of client) (Name of organization)

Community Health Worker health education/ outreach/navigation and other services related to

____

____

Referral Contact Information:

Contact Person	
Phone	
Email	
Address	

Referral From:

Contact Person	
Phone	
Email	
Address	

If this is a self-referral, how did you hear about the program:

____

____

If you would like to speak to someone about this referral, please contact:
Insert contact information

_________________________________ ___/___/___ ___:____ AM PM
CHW Name Date Time

Kentucky Public Health
Prevent. Promote. Protect.

Appendix F – Community Health Worker Service Limitation Update

Andy Beshear
GOVERNOR

Justin Dearinger
DIRECTOR

CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES
Division of Health Care Policy
275 East Main Street 6 W-D
Frankfort, Kentucky 40621
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Eric Friedlander
SECRETARY

Lisa Lee
COMMISSIONER

PROVIDER LETTER

TO: Physician – PT 64 / PL #A-395
Physician Group - PT 65 / PL #A-50
Certified Community Behavioral Health Centers (CCBHS) – PT 16 / PL #A-6
Federally Qualified Health Centers (FQHC) – PT 31 / PL #A-396
Rural Health Centers (RHC) – PT 35 / PL #A-237
Community Mental Health Centers (CMHC) - PT 30 / PL #A-126
Preventative and Remedial Public Health Services - PT 20 / PL #A-25
Behavioral Health Services Organization (BHSO) – PT 03 / PL #A-25
Behavioral Heath Multi-Specialty Group - PT 66 / PL #A-15
Dentist – PT 60 / PL #A-166
Dentist Group - PT 61 / PL #A-27
Advanced Practice Registered Nurse (APRN) - PT 78 / PL #A-111
Advanced Practice Registered Nurse (APRN) Group – PT 789 / A-9
Physician Assistant - PT 95 / PL #A-106
Physician Assistant Group – PT 959 / PL #A-4
Nurse Midwife – PT 72 / PL #A-8
School-Based Services – PT 21 / PL #A-12
Optometrist – PT 77 / PL #A-152
Optometrist – PT 779 / PL #A-4

DATE: May 6, 2024

RE: Community Health Worker Service Limitation Update

The limitation of two (2) Community Health Worker (CHW) service units per week per provider group has been removed. The annual limit of 104 units per year per provider group is still in place.

Effective date of this change is July 1, 2024.

If you have any questions, please email DivisionofHealthCarePolicy@ky.gov.

Sincerely,

Justin Dearinger
Electronically signed by:
Justin Dearinger, Director
Division of Health Care Policy
Department for Medicaid Services

JD/js/kl

@KentuckyDMS @kentuckymedicaid
@KyMedicaidServices https://bit.ly/DMSVideo

TEAM KENTUCKY.

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Appendix G: Community Health Workers Kentucky Medicaid Frequently Asked Questions

November 1, 2024

CHW Program Facts

- Requirements are governed by KRS 205.648 and 907 KAR 3:310, Community Health Worker services and reimbursement.
- Qualifications:
  - Legal United States resident;
  - Employed as a community health worker in the state of Kentucky;
  - Be at least eighteen (18) years of age; and
  - Meet and maintain the certification or recertification requirements.
- Practitioners allowed to order services:
  - Physician;
  - Physician assistant;
  - Nurse practitioner;
  - Certified Nurse Midwife;
  - Dentist; and
  - Optometrist.
- Provider Types allowed to bill services:
  - Physician Offices – 64, 65;
  - Certified Community Behavioral Health Centers (CCBHS) – 16;
  - Federally Qualified Health Centers (FQHC) – 31;
  - Rural Health Centers (RHC) – 35;
  - Community Mental Health Centers (CMHC) 30;
  - Local Health Departments (LHD) – 20;
  - Behavioral Health Services Organization (BHSO) – 03;
  - Behavioral Heath Multi-Specialty Group – 66;
  - Dentists – 60, 61;
  - Nurse Practitioner – 78;
  - Physician Assistant – 95;
  - Nurse Midwife – 72;
  - School Services – 21; and
  - Optometrist – 77.
- Services must be delivered according to a plan of care and may include:
  - Health system navigation;
  - Health promotion and coaching;
  - Preventative health training and assistance; and

  - Health education and training.

- Billing codes include:
  - CPT 98960
    - 1 patient
    - $22.53 per 30 minute increment
  - CPT 98961
    - 2-4 patients
    - $10.88 per patient, per 30 minute increment
  - CPT 98962
    - 5-8 patients
    - $8.03 per patient, per 30 minute increment
  - D9994
    - 1 Patient
    - $22.53 per 30 minute increment
    - Billable by Dental Providers

- Federally Qualified Health Centers, Rural Health Centers, or Certified Community Behavioral Health Center will **not** receive a wrap payment up to the daily Prospective Payment System (PPS) rate if this is the only service being billed. If it is the only service provided, it will be paid based on the fee schedule. If CHW services are provided on the same day as a service that does generate a wrap, then the CHW service will be bundled into the PPS rate.

- Managed Care Organizations (MCOs) will reimburse for CHWs. Reimbursement is determined by the provider's contract with the MCO. MCOs may also employ CHWs but may not deny reimbursement to a provider based on duplication.

- Fee-for-Service (FFS) will reimburse for CHW services according to the FFS fee schedule.

- Hospitals utilizing CHW services are part of the Hospital Rate Improvement Program. They are not able to bill separately for the service.

- Community based organizations are not currently eligible for reimbursement for CHW services unless they are enrolled as an eligible Medicaid provider type or contract through an enrolled eligible Medicaid provider type.

- If a provider receives federal, state or private grant funding supporting a CHW, the provider cannot also bill Medicaid for services provided by that CHW for a Medicaid member. Provider must maintain records demonstrating no duplication of funding for the CHW and Medicaid reimbursement.

- Providers may contact KY_Provider_Inquiry@gainwelltechnologies.com for CHW billing questions.

Questions and Answers

Q: Is there a limit on the number of increments that can be billed per client per day or per month?

A: No more than 104 units per calendar year per provider type group as shown below.

- CHW service limitations to be by billing provider type. Provider types are broken down as follows:
    - Physician – 64, 65, 78, 95 These provider types equal one provider type. A total of 2 units per calendar week regardless of if billing provider type is 64, 65, 78 or 95. A total of 104 units per calendar year regardless of if billing provider type is 64, 65, 78 or 95.
    - Behavioral Health – 03, 16, 30, 66 These provider types equal one provider type. A total of 2 units per calendar week regardless of if billing provider type is 03, 16, 30 and 66. A total of 104 units per calendar year regardless of if billing provider type is 03, 16, 30and 66.
    - Health Center – 20, 31, 35 These provider types equal one provider type. A total of 2 units per calendar week regardless of if billing provider type is 20, 31, or 35. A total of 104 units per calendar year regardless of if billing provider type is 20, 31, or 35.
    - Dentists – 60, 61 A total of 2 units per calendar week and 104 per calendar year if billing provider type is 60 or 61.
    - Nurse Midwife – 72 A total of 2 units per calendar week and 104 per calendar year if billing provider type is 72.
    - School Services – 21 A total of 2 units per calendar week and 104 per calendar year if billing provider type is 21.
    - Optometrist – 77 A total of 2 units per calendar week and 104 per calendar year if billing provider type 77.

Q: Will the medical provider first have to see the patient before ordering CHW services, or will they simply have to approve the services?
A: There is no requirement the provider must see the patient first. However, the patient's file should clearly document the need for the service.

Q: For CHWs working in behavior health programs, are there plans to include changes so that an LCSW or LPCC can also order CHW services?
A: There are no current plans to change who can order the service. However, this change would require a State Plan Amendment. DMS plans to monitor the program and consider future changes as necessary.

Q: Will providers be able to bill for the CHW services on the same day as they see the provider, or will it have to be on a different day?
A: They may bill on the same day.

Q: Are there place of service restrictions for CHW services?
A: There are no place of service requirements or restrictions for CHW services.

Q: Will there be a simplified guide to billing Medicaid for CHW services, including documentation requirements?
A: Billing manuals will be updated for all eligible Medicaid providers on how to bill for the service. Documentation requirements are referenced in the administrative regulation.

Q: For CHWs holding health education classes, if there are more than 8 Medicaid participants, will they be able to bill Medicaid for the additional participants?

A: No, the maximum number to bill is 8 according to the coding guidelines of the Centers for Medicare and Medicaid Services. Providers will need to ensure that a claim for Medicaid reimbursement is not submitted if the CHW delivering the service is funded through federal, state or private grants.

Q: If clients are getting services bundled together as part of the same wrap funding, are there guidelines around how CHW services will be billed in addition to those services?

A: Billing manuals will be updated for all eligible Medicaid providers on how to bill the service.

Q: If providers bill Medicaid for CHW services, are they required to bill non-Medicaid patients themselves for CHW services as well?

A: There are no requirements for non-Medicaid patient billing.

Q: If CHWs transport clients to appointments, are they able to bill for non-emergency medical transport (NEMT)?

A: The CHW would have to contract with the DMS NEMT contractor to provide and be reimbursed for those services. The current contractor is the Kentucky Department for Transportation, Office of Transportation Delivery and may be contacted at 1-888-941-7433.

Q: How will Medicaid pay for travel time for CHW visits?

A: Currently only 3 CPT codes and 1 D code are billable for CHWs, mileage is not reimbursed.

Q: What is an acceptable plan of care?

A: The plan of care would be the same needed for that provider type in their current DMS billing manual or applicable regulation.

Q: Do providers send in CHW certifications?

A: No, providers will keep CHW certifications on file to ensure compliance in the event of an audit.

Q: What is the link for CHW certification?

A: Below is the link for certification and additional information.
https://www.chfs.ky.gov/agencies/dph/dpqi/cdpb/Pages/chwp.aspx

Appendix H – LHD CHW Form and Template Checklist

Local Health Departments should use this checklist when establishing CHW programs and protocols. This checklist will be used by DPH when conducting audits.

Document	Standard or Required Form?	Guidance
CHW Job Description/Posting	No	Must be aligned with approved CHW definition, core competencies and scope of work in 902 KAR 21:040. See Appendix A .
CHW Workflow	No	See suggested workflow on page 9.
Patient Registration and Consent	Yes	**C H-5**
Health/Social Needs Assessments	No	See Appendix B Assessments must be evidence-based and aligned include questions on the following categories: a. Housing b. Transportation c. Utilities d. Food e. Interpersonal Safety The PRAPARE is an excellent starting point, but not required. The CMS AHC HRSN screening tool addresses all required categories. Multiple tools can be used.
Goal and Objective Setting/Progress Notes	No	See Appendix D for template. Goal Setting and Care Plans should include: 1. Client/Patient name 2. Date 3. Written goal and objectives a. Objectives should be SMART 4. Notes regarding progress or barriers to goals and objectives 5. CHW name and signature
Encounters	Yes	**Patient Encounter Form (PEF)** CHWs must complete a PEF for each patient. What is on the PEF should match what is in the chart
Charting	No	See page 10. CHW charting must include: 1. Date of service 2. Start and end time 3. Referral from provider

		4. Reason for referral 5. Outcome of visit 6. CHW signature
Referrals	No	See Appendix E. At a minimum, referrals should include: 1. Name of Client 2. Date of referral 3. Purpose of Referral 4. Who/where the client is being referred 5. Contact information for referral (name, email, phone, address) 6. Name of CHW
Standing Order	No	See Appendix C. Strongly recommend the use of the North Carolina Board of Nursing template.