



SB 23-002: Medicaid Reimbursement for Community Health Workers (CHW) & Community Health Representatives (CHR)

This is phase 2 of the CHW FAQ release. Questions will be released in phases and many questions are still actively being determined by HCPF. The best way to stay up to date with the implementation of the CHW benefit is to join the HCPF CHW mailing list. If you have any questions, please contact HCPF_CHW_Benefit@state.co.us.

Community Health Workers and SB 23-002

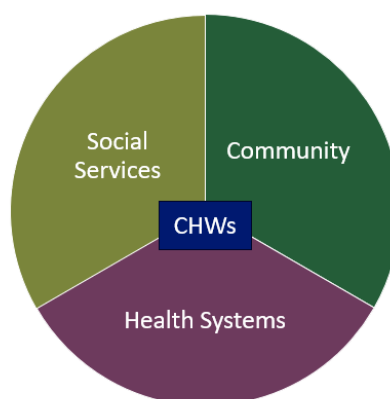
- 1. What is a Community Health Worker (CHW)/Community Health Representative (CHR)?**
 - a. The American Public Health Association (APHA) defines “Community Health Worker” as a frontline public health worker who is a trusted member of, and has a close understanding of, the community that worker serves. This trusting relationship enables the worker to serve as a liaison between health and social services and improve the quality and cultural competency of service delivery. “Community Health Worker” is meant to be an umbrella term for individuals who may go by many names, such as Health Promoters, Community Outreach Workers, Promotores or Promotoras de salud, Health Navigators, or Patient Navigators.
 - b. Community Health Representatives (CHR) are individuals who hold a CHR credential issued by a tribe in accordance with the Indian Health Care Improvement Act at 25 U.S.C. §1616.
- 2. What is SB 23-002 and what does this mean for current CHWs/CHRs?**
 - a. In May 2023, the Colorado Legislature passed Senate Bill 23-002. This adds CHW/CHR services as a Health First Colorado (Colorado’s Medicaid) covered benefit starting on July 1, 2025.

3. What is the implementation timeline for SB 23-002?

Passing of Bill (May 2023)	Research and Development Phase (May 2023-Feb 2024)	Promulgation Phase (Feb 2024- July 2024)	Implementation Phase (July 2024-July 2025)
Senate Bill 23-002 passed and signed by Gov. Polis	Utilize project management principles to engage internal working teams and external stakeholders to inform CHW reimbursement policy development	Following existing formal policy promulgation process including public comment, consultation summary, and appropriate notices.	Identify and establish processes for necessary systems, technical, or operational changes to support final policy implementation.

4. How do Community Health Workers/Community Health Representatives fit into the health care delivery system?

- a. Community Health Workers wear many hats and provide several different types of services to patients and clients. CHWs are the bridge between communities, and the health and social systems and often work in settings like hospitals, public health departments, and community-based organizations. CHWs can also contract with the Regional Accountable Entities (RAEs), for care-coordination related activities. Community Health Representatives (CHR) are individuals who hold a CHR credential issued by a tribe in accordance with the Indian Health Care Improvement Act at 25 U.S.C. §1616.



5. How is the new CHW/CHR benefit being funded?

- a. Funding for SB 23-002 comes from the State's General Fund and Medicaid federal funds. Funding for care coordination-related activities comes from the RAEs.

Federal Authority Options

1. Why did HCPF decide to go with the State Plan Amendment option?

- a. CMS encourages states to go with the State Plan Amendment (SPA) option instead of an 1115 demonstration waiver option. The SPA option also lowers the administrative burden to the state and the federal government. Additionally, due to timelines and stakeholder feedback, HCPF confirmed that this was the best option to move forward with.

2. What is Fee-For-Service (FFS) and what does it mean for CHW services?

- a. Health First Colorado (Colorado Medicaid) reimburses physical health services fee-for-service, this means that CHW services will mostly be reimbursed fee-for-service. Care coordination-related activities are the exception as CHWs will need to contract with RAEs for reimbursement for those services.

Services, Qualifying Conditions, and Medical Necessity

1. What services can CHWs/CHRs provide?

- a. CHWs will be able to provide services under the following categories and will be defined as:
 - i. **Health System Navigation and Resource Coordination:** includes helping to engage, re-engage, or ensure member-led follow up in primary care, routine preventive care, adherence to treatment plans, and/or self-management of chronic conditions, including assisting beneficiaries to access covered services and other community resources necessary to promote health, address health care barriers and health related social needs.

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- ii. **Health Promotion and Coaching:** provides information and training to members that enables them to make positive contributions to their health status. Health Promotion and Coaching includes screening for health-related social needs, setting goals and creating an action plan, and providing information and/or coaching.
 - iii. **Health Education and Training:** train and/or increase the member's awareness of methods and measures that have been proven effective in avoiding illness and/or lessening its effects. The content of education must be consistent with established or recognized healthcare standards.
- 2. What is medical necessity?**
- a. The definition of Medical Necessity for the Health First Colorado program can be found in the Department's rules at this citation: [10 CCR 2505-10 8.076.8](#).
- 3. Is case management a billable service for CHWs/CHRs?**
- a. No. The Department of Health Care Policy and Financing Office of Community Living (HCPF-OCL) has a contractual relationship with Case Management Agencies (CMA) to provide the administration of Case Management Agency activities for Health First Colorado (Medicaid) members that are seeking Long Term Services and Supports (LTSS) and Home and Community Based Services (HCBS) waiver services. Additionally, Case Management Agencies provide Targeted Case Management Services for members enrolled in LTSS and HCBS waivers. Case Management for CHWs/CHRs is not under the purview of HCPF or CMAs and is not part of Targeted Case Management services. Care coordination refers to the full continuum of supportive activities ranging from health promotion to complex case management. Additional guidance regarding care coordination and CHWs/CHRs will be released closer to the benefit going live.
- 4. Can experimental services be covered under CHW/CHR services?**
- a. Health First Colorado (Colorado Medicaid) does not cover experimental or investigational treatments in accordance with [10 C.C.R. 2505-10 8.076.1.8.f](#).
- 5. Are there any prior authorizations?**
- a. There will be no prior authorizations for CHW services. However, there will be limitations (daily and monthly) for members who are receiving CHW services. Once HCPF has finalized the limits, guidance will be shared with stakeholders and included in billing guidance.
- 6. Where can CHWs provide services?**
- a. The place of services (POS) for CHW services can include Pharmacies, Telehealth, Schools, Homeless Shelter, Office, Home, Group Home, Mobile Clinic, Off Campus: Outpatient Hospital, Urgent Care Facility, Inpatient Hospital, Emergency Room, Federally Qualified Health Center, Comprehensive Outpatient Rehab Facility, Public Health Clinic, Rural Health Clinic, or others that are not listed here (POS 99). HCPF will add POS guidance in the upcoming CHW Billing Manual (anticipated Spring 2025).
- 7. Can CHWs bill for Peer Support Services or Maternity Services (Ex. Doula and Lactation Support Services)?**
- a. It is outside of the scope of a CHW to provide Peer Support Services, Doula Support Services, or Lactation Support Services. If a provider wants to provide services outside their scope, they will need to follow the proper credentialing and provider enrollment steps for a Peer Support Specialist, Doula, or Lactation Consultant.
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- 8. Some members with Intellectual and Developmental Disability (IDD) prefer to live independently in their own apartments or living spaces rather than in group homes or with their own families to have assistance with medication oversight, transportation, etc. Is this possible as a CHW?**
 - a. No. These services are already covered under our waiver services. For more information on HCPF's waiver services, please visit the [HCPF Home and Community-Based Services Waivers webpage](#).
 - 9. Can CHWs be reimbursed for benefit enrollment including connection to other government programs (ex. WIC, SNAP, TANF, etc.)?**
 - a. Assisting the Health First Colorado member with the benefit application is not allowed as a billable service. However, navigation to other assistance programs including SNAP, WIC, or TANF is allowed as a CHW service.
 - 10. Will people who qualify for HB22-1289 coverage be considered as "Medicaid/CHP" members for purposes of CHW reimbursement?**
 - a. Members who qualify for coverage under Cover all Coloradans (HB 22-1289) will be considered as Medicaid/CHP members for all purposes, including CHW services. CHP+ members will not be eligible for CHW services.
 - 11. Why do CHW services have to be recommended by a licensed provider of the healing arts?**
 - a. According to federal regulation ([42 CFR 440.130\(c\)](#)), preventive services must be recommended by a physician or other licensed practitioner of the healing arts acting within the scope of authorized practice under State law to prevent disease, disability, and other health conditions or their progression, prolong life, and promote physical and mental health and efficiency. This recommendation must be in place before CHW services are rendered and screenings conducted before a recommendation is in place are not billable. HCPF has not determined what providers fall under "other licensed practitioner of the healing arts" and will issue guidance once those providers have been determined.

Training, Certification, and the CDPHE Registry

- 1. What are the requirements to become a registered CHW/CHR?**
 - a. In Colorado, there are four pathways to becoming a credentialed Community Health Worker (CHW)/Community Health Representative (CHR).
 - i. Colorado Training Pathway
 1. Participate and successfully complete a [CDPHE-recognized Community Health Worker Training program](#).
 2. Complete and pass the state [Community Health Worker Assessment](#).
 - ii. Work Experience Pathway
 1. Must have 2,000 hours (~ one year of Full Time Equivalency of Community Health Worker experience) within the past 5 years; up to 50% of hours (1,000 hours) can be volunteer work.
 - a. Documentation needed to show work experience:
 - i. Complete documentation showing examples of work experience aligning with each of Colorado's Core Community Health Worker Competencies

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- ii. Signature or attestation from at least one supervisor on this documentation
 - iii. Signature to attest to agreeing to meet [National CHW Ethical Standards](#).
 - 2. After review and approval of work experience, the individual must complete and pass the state [Community Health Worker Assessment](#).
 - iii. Community Health Representative Pathway
 - 1. Community Health Representatives (CHRs) in tribal communities will be placed on the registry, based on the current training.
 - 2. Current and future CHRs will complete the application to be on Colorado's CHW Registry via Certemy. Relevant CHR training will need to be uploaded. CDPHE will review. Upon approval, individuals will be listed on the Registry.
 - iv. Reciprocity Pathway
 - 1. If credentialed in another state that has reciprocity* with Colorado, CDPHE will recognize that without having to complete the assessment.
**Note: CDPHE will be conducting outreach with other states to determine if the credentialing in that state is sufficient to meet Colorado's Competencies for reciprocity. CDPHE will start with neighboring states. States with reciprocity will be listed here as they are added. At this time, CDPHE does not have reciprocity with any states.*
2. **What programs are currently recognized by CDPHE for the Community Health Worker assessment?**
 - a. Currently, CDPHE recognizes four Community Health Worker/Health Navigator Training programs. Information on each of those programs can be found on the CDPHE website. In 2023, CDPHE adopted the umbrella term "Community Health Worker" for the workforce in Colorado. CDPHE, together with a group of stakeholders, revised the Health Navigator core competencies to a new set of 8 (eight) Community Health Worker core competencies. In the year ahead, training programs will adapt their curricula to the new core competencies and will reapply to be recognized as Community Health Worker training programs.
3. **Is the process taking into consideration spoke or read languages and the possibility that many CHWs may not have literacy (reading/writing) skills that allow them to take tests? How is language skill being taken into consideration?**
 - a. CDPHE is working with The Center for Advancing Professional Excellence (CAPE) to develop a new written Community Health Worker competency assessment, which should be available in June 2025 in English and Spanish. CAPE will develop the new assessment in partnership with an advisory group to ensure the assessment is accessible.
4. **Will the training and assessment requirements be able to acknowledge, and support previous work experience of providing CHW/CHR services rather than a written test of some kind?**
 - a. CDPHE developed an alternative work experience pathway. The requirements for the work experience pathway are:
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- i. Must have 2,000 hours (~ one year of Full Time Equivalency of Community Health Worker experience) within the past 5 years; up to 50% of hours (1,000) can be volunteer work.
 - b. Documentation needed to show work experience:
 - i. Complete documentation showing examples of work experience aligning with each of Colorado’s Core Community Health Worker Competencies
 - ii. Signature or attestation from at least one supervisor on this documentation.
 - iii. Signature to attest to agreeing to meet [National CHW Ethical Standards](#)

After review and approval of work experience, the individual must complete and pass the state [Community Health Worker Assessment](#).
 - 5. Are existing CHW trainings being considered? How can those trainings become certified for the registry?**
 - a. Currently, CDPHE recognizes four Community Health Worker Training Programs. Information on each of those programs can be found on the CDPHE website. In addition, the Colorado Standards and Requirements for CDPHE’s Recognized Community Health Worker Training Programs and the application for recognition are available on the website.
 - 6. Will CDPHE be collecting feedback from CHWs/CHRs about the requirement and training process?**
 - a. As part of CDPHE’s efforts to expand the Community Health Worker infrastructure, CDPHE will be evaluating the efforts of the initiative, including looking at the effectiveness and efficiency of the various infrastructure changes. This effort involves getting feedback from Community Health Workers.
 - 7. Is this registry different from the current Health Navigation registry?**
 - a. In 2023, CDPHE adopted the umbrella term “Community Health Worker” for the workforce in Colorado. CDPHE, together with a group of stakeholders, revised the Health Navigator core competencies to a new set of 8 (eight) Community Health Worker core competencies. As a result, the Health Navigator became the Community Health Worker registry. If you were listed in the Colorado Health Navigator Registry, you will remain listed in the Community Health Worker registry. Look for updates on [this page](#) for updates on this transition.
 - 8. Are CHWs/CHRs able to bill Health First Colorado (Colorado Medicaid) while working towards their certification or are they only able to bill after they are certified?**
 - a. In Colorado, Community Health Worker services will only be billable for the individual Community Health Worker who provides the services is actively enrolled with Health First Colorado. Only certified Community Health Workers are allowed to become enrolled providers.
 - 9. What about those who have served as a CHW without the training? Do they get grandfathered in the registry?**
 - a. CDPHE developed an alternative work experience pathway. Individuals applying for the Community Health Worker credential through work experience will still need to complete and pass the Community Health Worker Assessment.
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10. How much does the state competency assessment cost? Will there be any financial assistance to help with CHWs with the cost of the certification?

- a. The [current assessment](#) costs \$363. CDPHE is working with The Center for Advancing Professional Excellence (CAPE) to develop a new, written Community Health Worker competency assessment. The cost for the new assessment is anticipated to be lower than the current assessment. Currently, CDPHE does not have funds to support scholarships for the Community Health Worker credential. However, please check with current [CDPHE-recognized training programs](#) to see if there is any financial assistance available for training.

11. Is there any work underway to expand where people get the CHW certification?

- a. One pathway for the Community Health Worker credential requires completion of a CDPHE-approved Community Health Worker training program and passing a competency-based assessment. More information on each training program can be found on the [CDPHE website](#). We encourage parties to connect with the training program that fits their needs to determine factors like cost, as each program is different. Additionally, CDPHE developed an alternative work experience pathway for individuals who have at least a year of relevant work experience. Individuals applying for the Community Health Worker credential through work experience will still need to complete and pass the Community Health Worker Assessment.

12. With changes to the registry being made to encompass the broader term, will the existing registry membership be upheld?

- a. Yes, the registry will transition from the Health Navigator registry to the Community Health Worker registry. If you are listed on the Colorado Health Navigator Registry, you will remain listed as the registry is updated to become a Community Health Worker registry. You may see some changes to the language used in the registry as we move to the umbrella term “community health worker”. The registry may also grow larger as more Community Health Workers are added.

13. Is joining the registry a one-time thing?

- a. Yes, once an individual completes the necessary steps to receive the Community Health Worker Credential and be placed on the Community Health Worker Registry, they will remain on the registry indefinitely.

14. Are there going to be seminars when the registry and certification program changes?

- a. CDPHE is actively managing the changes to the Community Health Worker credential, including changes to the registry and the competency assessment. As these changes become final, CDPHE will provide information on the [CDPHE website](#).

15. When will the new Community Health Worker Assessment be updated?

- a. The new, written competency assessment should be available in June 2025. CDPHE commits to working with CAPE to offer the Health Navigator assessment as long as needed during this period of transition.

16. Are there residency/immigration requirements for CHWs to receive the CHW credential?

- a. No, there are no residency/immigration requirements for CHWs to receive a CHW credential, so long as they all meet the requirements of the specific credential pathway.
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Supervision

1. How will complaints be handled against CHWs?

- a. Health First Colorado members have the right to file a complaint about anything. If the complaint is about coverage or the pre-approval of services, that is an appeal and is not related to the complaint process at HCPF. Members can complain if they are unhappy with their service or think they were treated unfairly. Members can view more information about the complaint process in [Chapter 7](#) of the Health First Colorado Member Handbook.

Provider Enrollment

1. Can a community health worker agency that employs CHWs enroll with Health First Colorado to provide services?

- a. HCPF is working to create a new provider enrollment type for CHW agencies. Updates will be shared via the mailing list once additional information and details are available.

2. We run a small non-profit, and many staff have more than one responsibility. For example, our enrollment coordinator currently does our navigation to community resources. How will HCPF handle when qualified CHW services and unqualified services are done by one person?

- a. HCPF recognizes that community health workers offer a broad range of services. A CHWs scope of work may exceed what Medicaid can ultimately reimburse for. The Department anticipates that Medicaid reimbursement will be an important and stable funding source for CHWs, but it will likely not be the sole source of funding needed to sustain and reimburse for all the important work that CHWs provide.

3. Will providers have to be credentialed by the RAEs as well as HCPF?

- a. For Fee-For-Service reimbursement, providers will only have to be credentialed through HCPF. CHWs will need to contract with RAEs to receive reimbursement for care coordination-related activities.

4. When will providers be able to enroll with HCPF as a CHW provider?

- a. Before HCPF can enroll CHWs as providers, system updates must be completed. We anticipate that the system updates process will start in January 2025 and will conclude mid-Spring of 2025. When systems updates are completed, HCPF will communicate next steps through the CHW [newsletter](#).

5. Can Home Health agencies enroll as CHW agencies?

- a. No. It would be outside of the scope of a CHW to provide these services and bill HCPF. Approved Home Health agencies provide services such as bathing, mobility, mouth and nail care, bowel assistance, as well as Homemaker services.

Billing and Reimbursement

1. How does a CHW/CHR qualify to be able to be reimbursed for CHW/CHR services?

- a. For Colorado Medicaid reimbursement, an individual must meet the requirements and be on the CDPHE registry. Once a CHW/CHR meets the requirements and is on the CDPHE registry, they will need to enroll with Colorado Medicaid to receive reimbursement for CHW/CHR services provided to Health First Colorado (Colorado Medicaid) members.
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2. **What are the time limits around CHW/CHR services?**
 - a. The procedure codes used for reimbursement that are likely to be opened for the CHW/CHR benefit will have a time limit associated with them. HCPF will determine limits and additional information will be available in the coming months and publish guidance once it's available.
 3. **What procedure codes are going to be available to bill for reimbursement of CHW/CHR services?**
 - a. HCPF is proposing the following procedure codes for CHW/CHR services:
 - i. Self-Management Education- 98960, 98961, 98962
 - ii. Preventive Medicine Counseling (Vaccine Hesitancy Counseling)- G0310, G0311, G0312, G0313, G0314, G0315)
 - iii. Screening, Brief Intervention and Referral to Treatment (SBIRT)- 99408, 99409, H0049
 - iv. Social Determinants of Health (SDOH) Risk Assessment- G0136
 - b. Guidance for using these procedure codes will be issued in HCPF's CHW/CHR billing manual.
 4. **How does the CHW/CHR benefit and reimbursement impact CHW programs who are grant funded programs and how do they start billing Health First Colorado?**
 - a. HCPF recognizes that CHWs/CHRs and their scope of work are broad, and it is likely that Medicaid will not be able to cover everything that CHWs/CHRs do. CHWs/CHRs who are grant funded will likely see that this will be a consistent funding source. HCPF anticipates that CHWs/CHRs and CHW agencies will still use their other funding sources to help sustain the full scope of CHW/CHR work. Information on how to start billing Health First Colorado will be released in the coming months.
 5. **Will the certified worker or the organization employing the certified worker be reimbursed? What documentation will be required to justify the reimbursement, if any?**
 - a. Only registry-listed, credentialed CHWs/CHRs who are affiliated with a clinic or CBO will be eligible for Colorado Medicaid enrollment and reimbursement. CHWs/CHRs will not be individual billers, meaning the CHW would need to affiliate with a group (like a clinic or a CBO) and that group would submit claims on their behalf. Documentation of the visit will need to occur. Additional information about documentation requirements will be released in the coming months.
 6. **The Center for Medicare and Medicaid (CMS) has new billing codes as of January 2024 for auxiliary personnel that are called Community Health Integration (CHI), Principal Illness Navigation (PIN), and PIN-Peer Support (PIN-PS) services. How will these new procedure codes be parallel to the self-management education procedure codes? How will the burden be reduced for providers who are billing?**
 - a. The CHI procedure codes (G0019 & G0022) are similar to the self-management education procedure codes (98960, 98961, and 98962) and services that the Regional Accountable Entities (RAE) provide. Because of the crossover, HCPF will not be opening the CHI procedure codes and will be opening the self-management education procedure codes. Additionally, HCPF will publish guidance in working with the RAEs for care coordination related services. Like CHI services, PIN services (G0023 & G0024) would also be covered under the self-management education procedure codes. The PIN-PS (G0140 & G0146) procedure codes are specific to Peer Support Specialists and those
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services are covered by our behavioral health capitation benefit. HCPF attempts to align with Medicare, when possible, but HCPF believes that the self-management education codes are the best option for CHW services in Colorado Medicaid. This decision is for Colorado Medicaid only. If you are providing services to a Medicare beneficiary, you may bill and receive reimbursement for CHI and PIN services.

7. Are CHW/CHR services allowed to be provided via telemedicine?

- a. HCPF will work towards opening CHW/CHR procedure codes and services that are appropriate to be rendered via telemedicine. Additional guidance will be released closer to the benefit going live.

8. Will CHWs be able to be reimbursed for travel expenses?

- a. Any associated costs for the provision of CHW services are part of the reimbursement for the designated CHW procedure codes. Travel expenses are not separately reimbursable for CHW services.

9. When will the reimbursement rates be released? What goes into the determination of a rate?

- a. Rates are not published until June of the fiscal year in which they will be effective. Rate determination is typically based on direct and indirect service provision hours, taxes and benefits, and overhead/administrative/capital expenses expected for service provision.

Evaluation and Reporting

1. How will HCPF measure success with the CHW benefit? Is this something that CMS has collected data about from states already being reimbursed for services?

- a. HCPF staff are having preliminary discussions with HCPF's Research & Analysis team to plan for evaluation efforts. A review of the literature and a scan of other states will be used to determine which indicators of success we will track.

Documentation and Referrals

Guidance on documentation and referrals will be released closer to the benefit going live (July 2025)

Miscellaneous Questions

1. I was not able to attend the stakeholder meetings that HCPF hosted in January and February, but I have comments and suggestions for benefit implementation. Where can I submit my comments?

- a. Please email HCPF_CHW_Benefit@state.co.us to submit any comments or suggestions regarding the implementation of the new CHW/CHR benefit.

2. How are organizations being informed about the opportunity for them to tap into community health workers that are already available? What is engagement going to look like to ensure that organizations are aware of this opportunity?

- a. CDPHE facilitates a quarterly Community of Practice for Community Health Workers (CHW). If you are a CHW, Health Navigator, Patient Navigator, Promotora de salud, or similar role you are invited to join a network of CHWs from all over Colorado, to share best practices and identify training opportunities that fit your needs. The Community of Practice will be designed for Community Health Workers from all over Colorado who are working in health or community-based settings to learn from one another, share resources, and best practices and provide you the opportunity to explore new training
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opportunities in your roles. In addition, CDPHE provides the opportunity to learn more about diabetes and cardiovascular prevention and management and how you can incorporate programs such as National DPP and DSMES in your communities. The Community of Practice will convene on a quarterly basis and the audience is a CHW or similar role in practice or individuals interested in being a CHW. If you have questions, please contact Yvette Camarena at Yvette.camarena@state.co.us.

- b. If you are interested in receiving Colorado Medicaid-specific information and updates regarding the upcoming implementation of the new CHW/CHR benefit, please fill out this form to be placed on the HCPF CHW email list. Updates regarding the CHW benefit will be sent out on an as needed basis. If you have any questions regarding CHW/CHR reimbursement, please contact HCPF_CHW_Benefit@state.co.us.

Revision History

Version	Date	Reason for Revision	Section
1.0	6/11/2024	New Document	All
1.1	6/12/2024	Updates to case management section	Services, Qualifying Conditions, and Medical Necessity
2.0	11/12/2024	Updates to questions, new questions added	All