COMMUNITY HEALTH WORKER SERVICES

ELIGIBLE PROVIDERS

In order to receive payment, all eligible servicing and billing provider's National Provider Identifiers (NPI) must be enrolled with South Dakota Medicaid. Servicing providers acting as a locum tenens provider must enroll in South Dakota Medicaid and be listed on the claim form. Please refer to the provider enrollment chart for additional details on enrollment eligibility and supporting documentation requirements.

South Dakota Medicaid has a streamlined enrollment process for eligible ordering, referring, and attending providers that may require no action on the part of the provider as submission of claims constitutes agreement to the South Dakota Medicaid Provider Agreement.

CHW Agency
A community health worker (CHW) agency is required to be enrolled with South Dakota Medicaid to be reimbursed for services.

A health system with more than one physical location has the option to enroll as a single CHW agency. Any provider enrolling as a CHW agency will need to obtain a new Type 2 BNPI to be used for billing CHW services only or use a Type 2 BNPI that is not enrolled with Medicaid. Agencies will need to enroll the BNPI through provider enrollment. A health system enrolling multiple locations under one agency will need to indicate a "primary location" on the enrollment application.

CHW agencies must complete a supplemental provider agreement addendum and submit their written policies and procedures as outlined in the supplemental agreement addendum as part of the provider enrollment process.

The staff training policy must indicate that all CHWs are certified by the Community Health Worker Collaborative of South Dakota The staff training policy must include the process and timeline for new staff orientation and annual staff training. The new employee orientation must be fully completed before the employee enters an individual's home unsupervised. New employee orientation must include training on local providers and health resources.

A CHW agency may contract with a CHW who is employed by another enrolled CHW agency. The CHW agency contracting with the CHW must verify and maintain documentation that the contracted CHW is currently certified and in good standing with the Community Health Worker Collaborative of South Dakota (CHWSD). The CHW agency contracting with the CHW must also maintain documentation demonstrating that the contracted CHW has been trained on their internal policies and procedures prior to providing services.

Individual CHWs
South Dakota Medicaid does not enroll individual CHWs. Individual CHWs must be employed and supervised by an enrolled CHW agency. CHW agencies are responsible for verifying that CHWs are certified and in good standing before providing services to recipients by emailing info@chwsd.org.

Community Health Representatives
South Dakota Medicaid recognizes that Community Health Representatives (CHR) are an integral part of tribal communities. A CHR is an individual who has completed an approved CHR training program through Indian Health Service (IHS) and works under the American Public Health Association's definition of a CHW and the IHS definition of a CHR. For purposes of this manual, the term Community Health Worker (CHW) is inclusive of Community Health Representatives.

ELIGIBLE RECIPIENTS

Providers are responsible for checking a recipient's Medicaid ID card and verifying eligibility before providing services. Eligibility can be verified using South Dakota Medicaid's online portal.
The following recipients are eligible for medically necessary services covered in accordance with the limitations described in this chapter:

Coverage Type	Coverage Limitations
Medicaid/CHIP Full Coverage	Medically necessary services covered in accordance with the limitations described in this chapter.
Unborn Children Prenatal Care Program (79)	Coverage restricted to pregnancy related services only including medical issues that can harm the life of the mother or baby.

Refer to the Recipient Eligibility manual for additional information regarding eligibility including information regarding limited coverage aid categories.

COVERED SERVICES AND LIMITS

General Coverage Principles
Providers should refer to the General Coverage Principles manual for basic coverage requirements all services must meet. These coverage requirements include:

- The provider must be properly enrolled;
- Services must be medically necessary; and
- The recipient must be eligible.

The manual also includes non-discrimination requirements providers must abide by.

CHW Covered Services

CHW services are a preventive health service to prevent disease, disability, and other health conditions or their progression for individuals with a chronic condition or at risk for a chronic condition who are unable to self-manage the condition or for individuals with a documented barrier that is affecting the individual's health.

The following are examples of qualifying conditions:

- Asthma;
- Cancer;
- COPD;
- Depression;
- Diabetes;
- Heart Disease;
- Hypercholesterolemia;
- Hypertension;
- Mental Health Conditions;
- Musculoskeletal and neck/back disorders;
- Obesity;
- Pre-Diabetes;
- High Risk Pregnancy;
- Substance Use Disorder;
- Tobacco use; and
- Use of multiple medications (6 or more classes of drugs).

Barriers must be based on a risk assessment or prior health care experiences with the individual. The following are examples of barriers affecting an individual's health that could result in CHW services being necessary:

- Geographic distance from health services results in inability to attend medical appointments or pick-up prescriptions;
- Lack of phone and/or internet results in the individual going to the emergency department instead of scheduling a medical appointment; or
- Cultural/language communication barriers result in the individual not following a medical professional's recommendation.

Physician or Other Licensed Practitioner Order

Community health worker services must be ordered by a physician, physician assistant, nurse practitioner, certified nurse midwife, or dentist with whom the recipient has had a face-to-face or telemedicine visit within the last 90 days. A dentist may also order the service on the basis of a face-to-face or telemedicine visit in the last 90 days with a dental hygienist whom the dentist has a collaborative agreement.

Substance use disorder (SUD) agencies may also refer individuals for CHW services if they have provided treatment to the individual in the last 90 days. The CHW services must be billed using the "HF" modifier if they are being referred by a SUD agency.

CHW Service Plan

Services must be delivered according to a CHW Service Plan written by the ordering provider, or a qualified healthcare professional supervised by the ordering provider. The CHW Service Plan must be finalized prior to CHW services being rendered.

The ordering provider must specify the condition or barrier that the service is being ordered for and the duration of the service. An order may not exceed a period of one year.

The plan must meet the following requirements:

- The plan must be relevant to the condition or barrier;
- Include a list of other healthcare professionals providing treatment for the condition or barrier;
- Contain written objectives which specifically address the recipient's condition or barrier affecting their health;
- List the specific services required for meeting the written objectives; and
- Include the frequency and duration of CHW services (not to exceed the provider's order) to be provided to meet the CHW Service Plans objectives.

For services not ordered by a recipient's Care Management provider, the CHW agency must forward the order, service plan, and documentation to the recipient's Care Management provider for their awareness within 30-days of service initiation.

If the recipient is not part of a Care Management program, service plans must include written objectives to establish or re-establish primary care for an annual wellness visit at a minimum. This requirement does not apply to CHW Service Plans ordered by dentists since dental services are outside the scope of the PCP/HH programs.

To check a recipient's Care Management provider status, use the provider portal, or call South Dakota Medicaid's claims unit at 1-800-452-7691 to verify eligibility through the Interactive Voice Response System (IVR).

CHW Service Plan Review

The ordering provider must document a review of the recipient's CHW Service Plan at least semiannually with the first review completed no later than six months from the effective date of the initial CHW Service Plan. The ordering provider must determine if progress is being made toward the written objective and whether services are still medically necessary. If there is a significant change in the recipient's condition, providers should consider amending or discharging from the CHW Service Plan. The ordering provider and the CHW agency must communicate regarding changes or amendments to the CHW Service Plan.

Covered Services

CHW Services must be related to an intervention outlined in the individual's CHW Service Plan. Services may be provided face-to-face or via telemedicine. Telemedicine visits should be delivered via audio/video but may be delivered via two-way audio-only (e.g., telephone) when the recipient has a documented barrier to audio/visual telemedicine technology. All telemedicine visits with audio-visual must be billed with the "GT" modifier and POS "02" when the recipient is not in their home. When the recipient is in their home and audio-visual is used, POS "10" must be used. All telemedicine visits conducted via audio-only must be billed with the "93" modifier. The limitation necessitating audio-only services must be documented in the recipient's record. Up to ten (10) units of individual services may be performed in a medical setting in a plan year to allow for the initial establishment of CHW/recipient relationship after which services are only allowed to be provided in a home or community setting. A CHW may attend medical appointments with a recipient. Group services may take place in a meeting room of a medical setting. The CHW Service Plan must be finalized prior to CHW services being rendered. Covered services include:

Health System Navigation and Resource Coordination

Health system navigation and resource navigation helps recipients access needed health system and community resources. Services should be provided with the intention of helping recipients become self-sufficient at navigating the health system and community resources. Health system and resource navigation includes:

- Helping a recipient address access to care issues including:
    - Helping a recipient find and select a Medicaid provider to receive a covered service (e.g., helping a recipient find a dentist that is accepting new Medicaid patients);
    - Helping a recipient make an appointment with another provider's office or another health care system (not including standard provider referrals to a specialist);
    - Helping a recipient arrange transportation to a Medicaid covered medical appointment (e.g., helping a recipient locate local transit services and educating them on how to make arrangements); and
    - Helping a recipient problem-solve barriers that may impede attendance at a scheduled appointment.
- Attending an appointment with the recipient for a covered medical service. Attendance at a medical appointment should be for a specific objective such as helping empower the recipient to advocate for their needs or assisting them with developing skills to better communicate with providers. In order to attend an appointment with a recipient the CHW must have written consent from the recipient;
- Providing information about community-based support services to address Social Determinants of Health (SDoH) including transportation, housing, food insecurity, personal safety, and employment and helping them connect to those resources.

Health Promotion and Coaching

Health promotion and coaching is providing information or education to recipients that makes positive contributions to their health status. Examples of Medicaid covered health promotion and coaching topics include:

- Cessation of tobacco use;
- Reduction in the misuse of alcohol or drugs;
- Improvement in nutrition;
- Improvement of physical fitness;
- Family planning;
- Control of stress;
- Pregnancy and infant care including prevention of fetal alcohol syndrome.

Health Education

Health education is teaching or promoting methods and measures that have been proven effective in avoiding illness and/or lessening its effects to increase recipient health literacy and knowledge. The content of the education must be consistent with established or recognized healthcare standards. Examples of Medicaid covered health education topics include:

- Immunizations;
- Preventative services;
- Control of high blood pressure;
- Prevention and control of sexually transmittable disease;
- Prevention and control of diabetes;
- Control of toxic agents;
- Occupational safety and health, and accident prevention; and
- Appropriate utilization of health care facilities such as emergency departments, acute care clinics, urgent care settings, and specialty providers.

Services may be provided to the parent or legal guardian of a recipient 18 or younger if the service is for the direct benefit of the recipient, in accordance with the recipient's needs and CHW Service Plan objectives, and for the purpose of addressing the diagnosis identified in the CHW Service Plan.

Individual and Group Services

Services may be provided to an individual recipient or a group of recipients. The group may consist of Medicaid recipients and non-Medicaid recipients. CHW agencies may only bill South Dakota Medicaid for Medicaid recipients in the group with an active CHW Service Plan. If the group consists of non-Medicaid recipients, South Dakota Medicaid must not be billed at a rate higher than other group participants are billed at. When services are provided to a single recipient that is a child and one or more parents or legal guardians is present the service is considered an individual service. If services are provided to more than one Medicaid recipient at the same time including family members that both have ordered services being provided in accordance with a CHW Service Plan, they must be billed using the applicable group CPT code.

Targeted Case Management for Justice-Involved Youth
South Dakota Medicaid covers targeted case management services (CPT Code T1017) provided by certified CHWs for eligible juveniles in carceral settings. Juveniles are only eligible for this limited coverage in the pre-release period if they are enrolled in Medicaid, have been adjudicated, and are within 30 days of release to the community. Targeted case management services eligible for reimbursement must be provided in accordance with the Justice-Involved Youth Targeted Case Management and Pre-Release Services manual.

REFERRAL RECORDS REQUIREMENTS

The referring provider and CHW Agency must maintain documentation of the referral; documentation may be electronic or in writing. Following the provision of the specified services for the recipient, the CHW Agency should transmit, electronically or in writing, the documentation resulting from the provision of the service to the referring provider within a reasonable time frame. In any such transmission, the CHW Agency should specifically identify needs for additional care and treatment, including follow-up care. Upon receiving this transmission, the referring provider should incorporate the information transmitted into the recipient's medical record.

NON-COVERED SERVICES

General Non-Covered Services
Providers should refer to ARSD 67:16:01:08 or the General Coverage Principles manual for a general list of services that are not covered by South Dakota Medicaid.

Noncovered services include, but are not limited to:

- Advanced care planning;
- Advocacy on behalf of the recipient;
- Case management/care management (CHWs can provide targeted case management for justice-involved youth, which is a separate and distinct Medicaid benefit);
- Child care;
- Chore services including shopping and cooking;
- Companion services;
- Employment services;
- Exercise classes;
- Helping a recipient enroll in government programs or insurance;
- Interpreter services;
- Missed or broken CHW appointments;
- Medication, medical equipment, or medical supply delivery;
- Personal Care services/homemaker services;
- Respite care;
- Services not listed in the recipient's CHW Service Plan;
- Services provided prior to the recipient's CHW Service Plan being finalized;

- Services provided to non-Medicaid patients;
- Services that duplicate another covered Medicaid service;
- Services that require licensure;
- Socialization;
- Transporting the recipient; and
- Travel time to/from CHW appointments.

CHWs may provide non-covered services at their discretion if appropriate; however, these services must not be billed to South Dakota Medicaid. CHW agencies may not charge recipients for non-covered services.

Community Support Providers (CSPs) enrolled as CHW agencies may not bill for services that are duplicative of services provided as a CSP.

COMMUNITY HEALTH WORKERS AND CARE CONNECT PROVIDERS

South Dakota Medicaid's goal is for CHWs and Care Management programs to complement each other and work together for the benefit of the recipient. A CHW can serve as a member of the Care Management program. If Medicaid is billed for CHW services and the Care Management program is claiming a core service for a quarter, it is important that the services are separate and distinct.

Duplicative Services
CHW services may not be duplicative of the quarterly core service being claimed by a Care Management program should be mindful that the Medicaid payment for that core service is considered payment for that entire quarter and should exclude those services from the CHW Service Plan.

To prevent duplicative services, CHWs should follow all elements of the CHW Service Plan and discuss additional coverage needed with the referring provider.

Service Type
The table below is a crosswalk of the types of CHW services to types of Care Management core services. Service types in the same row are considered duplicative.

Care Management Core Service	Duplicative CHW Service
• Comprehensive Care Management • Care coordination • Comprehensive transitional care • Individual and family support • Referrals to community and social support services	• Health system navigation and resource coordination *See Exceptions Below
• Health promotion	• Health promotion and coaching
• Health promotion	• Health education

For example, CHW health system navigation and resource coordination and Care Management referrals to community and social support services are considered duplicative service types. For service types considered duplicative it is not appropriate to bill for both the CHW service and claim a corresponding core service that same quarter unless the diagnosis/condition exception described below is met.

Non-duplicative services may be billed for. For example, CHW services for health promotion and coaching can be billed to Medicaid for a recipient in the same quarter that the Care Management claims the care coordination core service for that recipient as the service types are not duplicative.

Diagnosis/Condition Exception
CHW services and Care Management core services are not considered duplicative if the following requirements are met:

1. The services provided are for separate and distinct diagnoses/conditions; and
2. The services are provided on different dates of service.

For example, a CHW may do health promotion and coaching with a recipient regarding a diabetes diagnosis on June 1 and Care Management may do health promotion with the same recipient on June 15 for a hypertension diagnosis.

DOCUMENTATION REQUIREMENTS

General Requirements
Providers must keep legible medical and financial records that fully justify and disclose the extent of services provided and billed to South Dakota Medicaid. These records must be retained for at least 6 years after the last date a claim was paid or denied. Please refer to the Documentation and Record Keeping manual for additional requirements.

CHW Documentation
Each service provided by a CHW agency must be documented. Services that are not documented are considered to have not occurred and are subject to recoupment of payment in the event of an audit. The following documentation must be maintained by the CHW agency:

- Type of service performed including whether it was an individual or group service;
- A summary of services provided including the objectives in the CHW Service Plan the service is related to;
- Recipient receiving services;
- Number of group members if a group service was provided;
- Date of the service;
- Location of service delivery including delivery method;
- Time the service begins and ends;
- Name of the individual providing the service; and
- CHW signature.

It is recommended that the CHW obtain a signed and dated statement/form from the recipient or their parent or legal guardian that indicates services were provided on that date. Both the ordering provider and the CHW agency must keep record of a recipient's CHW Service Plan. The ordering provider and CHW agency must also document when the CHW Service Plan was reviewed.

Reimbursement and Claim Instructions

Timely Filing
South Dakota Medicaid must receive a provider's completed claim form within 6 months following the month the service was provided. Requests for reconsiderations will only be considered if they are received within the timely filing period or within 3 months of the date a claim was denied. The time limit may be waived or extended by South Dakota Medicaid in certain circumstances. Providers should refer to the General Claim Guidance manual for additional information.

Third-Party Liability
Medicaid recipients may have one or more additional source of coverage for health services. South Dakota Medicaid is generally the payer of last resort. Providers must pursue the availability of third-party payment sources and should use the Medicare Crossover or Third-Party Liability billing instructions when applicable. Providers should refer to the General Claim Guidance manual for additional information.

Reimbursement
CHW agencies must bill for services at the provider's usual and customary rate. Covered services will be reimbursed at the lesser of the provider's usual and customary rate or the rate on the Community Health Worker fee schedule.

CHW agencies may bill and be reimbursed by Medicaid for CHW services rendered to Medicaid recipients even when the provider offers the same service without charge to any other patient. Services must still meet all other Medicaid coverage criteria to be eligible for reimbursement.

Claim Instructions
CHW services must be billed on a CMS 1500 claim form. Please refer to the CMS 1500 Claim Instructions for detailed claim form instructions.

CHW services may only be billed using one of the following CPT Codes:

- 98960 - Self-management education & training 1 patient - 30 minutes
- 98961 - Self-management education & training 2-4 patients - 30 minutes
- 98962 - Self-management education & training 5-15 patients - 30 minutes

Services are only billable if at least 16 minutes of service were provided. Providers must use the following table to determine how many units should be billed. As a reminder the time the service began and ended must be documented in the recipient's medical record.

Unit	Time
1 Unit	16-45 Minutes of Service
2 Units	46-75 Minutes of Services
3 Units	76-105 Minutes of Service
4 Units	106 Minutes of Service or more

No more than 4 units of any combination of 98960, 98961, or 98962 are billable on a single date of service. A recipient is limited to 104 units of services in a plan year from July 1 to June 30. It is a fraudulent billing practice to list a date of service on the claim other than the date the service was rendered. A provider engaged in this practice may be subject to recoupment of payment, termination of the provider agreement, and referral to the Medicaid Fraud Control Unit in the Attorney General's Office.

The diagnosis code(s) included on the claim must relate to the medical reason or barrier outlined in the recipient's CHW Service Plan. The billing provider and servicing provider listed on the claim must be the CHW agency, not the individual CHW. Services may be billed monthly, but documentation must be for each date of service.

Medicaid as Non-Primary Insurer
Medicare coverage of Community Health Integration (CHI) services effective January 1, 2024: Medicare must be billed as the primary payor for CHW services in accordance with Medicare guidelines for CHI if applicable. CHW Agencies may bill Medicaid first for CHW services if the recipient has insurance that would otherwise be primary but is not Medicare.

Social Determinants of Health (SDoH) Z-Codes
CHW agencies may bill some SDoH diagnosis codes as primary or secondary diagnosis codes. Diagnosis codes may be verified using the Diagnosis Look-up Tool

DEFINITIONS

1. "Telemedicine" - The use of an interactive telecommunications system to provide two-way, real-time, interactive communication between a provider and a Medicaid recipient across a distance.

REFERENCES

- Administrative Rule of South Dakota (ARSD)
- South Dakota Medicaid State Plan
- Code of Federal Regulations

QUICK ANSWERS

1. **Can services be provided via telemedicine and via audio-only?**
   Yes, CHW services can be provided via telemedicine. Services may also be provided via audio-only when a recipient does not have access to an audio-video device.

All telemedicine visits with audio-visual must be billed with the "GT" modifier and POS "02" when the recipient is not in their home. When the recipient is in their home and audio-visual is used, POS "10" must be used. All telemedicine visits conducted via audio-only must be billed with the "93" modifier. Please refer to the Telemedicine Services Manual for additional information regarding billing requirements.

2. **Can I provide more than four units a day?**
   Yes, but only four units are reimbursable per day per recipient. A recipient may not be charged for services provided in excess of four units.

3. **Can a CHW agency bill Medicaid or the recipient for transportation?**
   No. If a CHW agency meets the standards to become a community transportation provider or a secure medical transportation provider, they can enroll with South Dakota Medicaid as that typeof provider and provide covered transportation services. For transportation provider qualifications please refer to ARSD Ch. 67:16:25.

4. **If CHW services are co- facilitated by two different CHWs, can they both be reimbursed?**
   No, only one provider can submit for reimbursement for CHW services for one recipient. Reimbursement is the same regardless of the number of people facilitating the service.

5. **If more than one covered family member living in the same household has an order for CHW services, are services billed at a group or individual rate?**
   Services rendered to a group must be billed using the applicable group code based on the number of members receiving the services. Services rendered to individuals separate from the rest of the household can be billed at the individual rate.

6. **If a Medicaid recipient does not have a Care Management program, can an Emergency Room Physician order CHW services?**
   Yes, all other requirements must be met before services are rendered (e.g., a CHW Service Plan must be completed).

7. **Where can CHW services be provided?**
   Generally, CHW services should be provided in a home, community, or other appropriate non-institutional setting. Medicaid does not have restrictions on service locations outside of the limit on 5 units provided in a medical setting in a plan year. Medical settings include hospitals, clinics, emergency rooms, swing bed stays, and other facility-based settings not previously excluded.

   CHW services are not reimbursable for recipients residing in a nursing facility. As part of Medicaid's reimbursement for nursing facility services the nursing facility is required to provide services similar to what a CHW would provide.

The claim should be coded with the place of service code that best describes the location of the service.

8. **Can CHWs apply and bill for topical fluoride (CPT 99188)?**
   A CHW that is trained in topical fluoride application may provide these services when ordered by the referring provider. Those services may be billed by the referring provider when appropriate. Referring providers must follow all guidance on billing and referring for topical fluoride found in the Adult Dental Services and Children Dental Services manuals. Topical fluoride may not be billed as a standalone procedure by the CHW agency.

   Free topical fluoride application training is provided by Delta Dental as part of the Delta Dental Partners for Prevention Program. Interested parties can contact Cori Jacobson at Cori.Jacobson@deltadentalsd.com.