



## Responses to Public Comments: Revised Proposed Medicaid State Plan Amendment (SPA) for Community Health Worker (CHW) Services

Public Comment Period: September 27, 2021 – October 27, 2021

Category	Nature of the Comments	EOHHS' Response
Reimbursement Rates  <b>4 related comments</b>	<ol style="list-style-type: none"> <li>1. The proposed amendment includes a fee-for-service reimbursement rate that would negatively impact the recruitment/employment of CHWs and the ability to provide covered services.</li> <li>2. The revised proposed rates do not cover even half of the actual costs of CHW services.</li> <li>3. In its revised version, only the rate for “new” patients was raised for individuals; if most patients meet the definition of “established”, then the individual rate deficit is even greater for providing CHW services</li> <li>4. There should not be different rates for individual patients. Instead, EOHHS should set one individual rate.</li> </ol>	<p>EOHHS understands that there is concern about the rates and will monitor the effect of the proposed rates on service utilization.</p> <p>EOHHS identified a higher rate for new patients to account for at least some of the costs associated with outreach to engage new patients. EOHHS believes that having a higher rate for new patients is the best way to account for these costs, which are not otherwise reimbursable.</p>
Payment Methodology  <b>2 related comments</b>	<ol style="list-style-type: none"> <li>5. In the amendment, there is no definition for “new” versus “established” patients. EOHHS should define the difference between a new patient and an established patient in the proposed state plan amendment.</li> <li>6. The proposed limit of 12, 15-minute service units per day (3 hours) is too low in respect to time-intensive CHW roles and responsibilities. The proposed daily service limit should be raised.</li> </ol>	<p>EOHHS intends to publish a provider billing manual for CHWs that will provide a definition of a “new” patient.</p> <p>EOHHS anticipates that three hours of CHW services for a given patients in a single day will be adequate for most patients most of the time. In the case that more time is needed, such as for a patient who attends a lengthy education and training session on a single day, more time may be requested through prior authorization.</p>
Covered Services  <b>4 related comments</b>	<ol style="list-style-type: none"> <li>7. EOHHS should clarify if transporting a client to and from appointments is a covered service.</li> <li>8. Transporting a client should be a covered service under “<i>Health system navigation and resource coordination services</i>” category.</li> <li>9. EOHHS should clarify if a CHW meeting with family members or caretakers without the client is a billable/covered service.</li> <li>10. The covered service category “<i>Care planning with a beneficiary’s interdisciplinary care team</i>” should include a CHW’s work to identify family members and caregivers as part of the patient’s care team.</li> </ol>	<p>EOHHS intends to publish a provider billing manual for CHWs that will provide information on the scope of “Health system navigation and resource coordination.” EOHHS has received guidance from CMS that transportation is not in itself reimbursable. However, because there are not limits on the setting where a service can be provided, it is permissible for a CHW to deliver health promotion and coaching, for example, while transporting a patient to an appointment.</p> <p>EOHHS intends to publish a provider billing manual for CHWs that will provide information on the question of care planning with a beneficiaries’ family.</p>