

**STATE OF RHODE ISLAND  
EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES**

**09/27/2021 PUBLIC NOTICE OF PROPOSED AMENDMENT TO RHODE ISLAND MEDICAID STATE PLAN**

In accordance Rhode Island General Laws 42-35, notice is hereby given that the Executive Office of Health and Human Services (EOHHS) proposes to make the following amendment to the Rhode Island State Plan under Title XIX of the Social Security Act. The original public notice for this amendment was posted on June 29, 2021.

**Community Health Worker Services**

On June 29, 2021, EOHHS notified the public of its intent to submit to the Centers for Medicare and Medicaid Services (CMS) a State Plan Amendment (SPA) to cover Community Health Worker (CHW) services. After reviewing public comments, EOHHS has revised the proposed CHW rates and State Plan pages within the proposed SPA. The information contained within this revised public notice is EOHHS' final submission to CMS, reflective of public comments.

EOHHS is seeking federal authority to add coverage of community health worker (CHW) services. Certified CHWs will provide health promotion and coaching; health education and training; health system navigation and resource coordination services; and care planning with a member's interdisciplinary care team. CHW services will be available to Medicaid eligible individuals who have one or more chronic health (including behavioral health) conditions, who are at risk for a chronic health condition, and/or who face barriers meeting their health or health-related social needs. CHW services will be reimbursed on a fee-for-service basis, at the following amounts:

- \$15.76 for 15-minute units of service for individuals (new patients)
- \$12.12 for 15-minute units of service for individuals (established patients)
- \$4.44 for 15-minute units of service for groups of 2 or more patients

Each July 1, the rates that were in effect on October 1<sup>st</sup> of the preceding calendar year will be trended by the March release of the New England Consumer Price Index Card, as determined by the United States Department of Labor for medical care (which contains February data).

This change would result in an increase in annual expenditures of approximately \$3.9 million all funds. The proposed effective date is July 1, 2021.

This proposed amendment is accessible on the EOHHS website ([www.eohhs.ri.gov](http://www.eohhs.ri.gov)) or available in hard copy upon request (401-462-6348 or RI Relay, dial 711). Interested persons should submit data, views, or written comments by October 27, 2021 to Bryan Law, Executive Office of Health and Human Services, 3 West Rd, Cranston, RI, 02920, via email at [Bryan.Law@ohhs.ri.gov](mailto:Bryan.Law@ohhs.ri.gov) or via phone at (401) 462-1501.

In accordance with the Rhode Island General Laws 42-35-2.8, an oral hearing will be granted on the proposed State Plan Amendment if requested by twenty-five (25) persons, an agency, or by an association having at least twenty-five (25) members. A request for an oral hearing must be made within ten (10) days of this notice.

The Executive Office of Health and Human Services does not discriminate against individuals based on race, color, national origin, sex, gender identity or expression, sexual orientation, religious belief, political belief, or handicap in acceptance for or provision of services or employment in its programs or activities.

## Proposed State Plan Pages

### Community Health Worker Services Benefit:

Description of the services and each of the component services:

Community Health Workers (CHW) are frontline public health professionals who often have similar cultural beliefs, chronic health conditions, disability, or life experiences as other people in the same community. As trusted leaders, they often serve as a link between their community and needed health or social services. CHWs help to improve access to, quality of, and cultural responsiveness of service providers. These trusting relationships enable them to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural responsiveness of service delivery. CHWs build individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as engagement, community education, social support and advocacy. CHWs hold a unique position within an often-rigid health care system in that they can be flexible and creative in responding to specific individual and community needs. The unique strength of CHWs is their ability to develop rapport with people and other community members due to shared culture, community residence, chronic condition, disability, language, and life experiences. They are also able to enhance the cultural and linguistic appropriateness of care and help to counteract factors such as social exclusion, poverty, and marginalization. An important role of the CHW is to advocate for the socioeconomic, environmental, and political rights of individuals and their communities. CHWs often link people to needed health information and services. CHWs address the social and environmental situations that interfere with an individual or community achieving optimal health and well-being.

The following primary, secondary, and tertiary preventive health services are covered when performed by CHWs within the scope of their practice:

- Health Promotion and Coaching for individuals and families, including assessment and screening for health-related social needs, setting goals and creating an action plan, on-site observation of beneficiaries' living situations, and providing information and/or coaching.
- Health Education and Training for groups of beneficiaries on methods and measures that have been proven effective in preventing disease, disability, and other health conditions or their progression; prolonging life; and/or promoting physical and mental health and efficiency. Health Education and Training services provided by CHWs are covered when the CHW provides the education and/or training using established training materials.
- Health Promotion and Coaching and Health Education and Training Topics may include, but are not limited to:
  - o Injury prevention
  - o Addressing family violence/interpartner violence
  - o Control of asthma
  
  - o Control of high blood pressure/cardiovascular disease
  - o Control of stress
  - o Control of sexually transmitted disease
  - o Control of toxic agents
  - o Diabetes prevention and control
  - o Chronic pain self-management
  - o Chronic disease self-management
  - o Family planning
  - o Immunizations
  - o Improvement in safety and the environmental health of housing, for example to mitigate asthma risk, risk of injury from unsafe housing, lead exposure, etc.

- Improvement in nutrition
  - Improvement of physical fitness
  - Occupational safety and health
  - Pregnancy, infant care, and other family home visiting, including but not limited to prevention of fetal alcohol syndrome/neonatal abstinence syndrome
  - Reduction in the misuse of alcohol or drugs
  - Tobacco cessation
  - Promotion of preventative screenings, such as cancer screenings
- Health system navigation and resource coordination services, including:
    - Helping to engage, re-engage, or ensure patient-led follow-up in primary care; routine preventive care; adherence to treatment plans; and/or self-management of chronic conditions
    - Helping a beneficiary find Medicaid providers to receive a covered service
    - Helping a beneficiary make and keep an appointment for a Medicaid covered service
    - Arranging transportation to an appointment for a Medicaid covered service
    - Attending an appointment with a beneficiary for a Medicaid covered medical service
    - Helping a beneficiary find and access other relevant community resources
    - Accompanying a beneficiary to other relevant community resources
    - Helping a beneficiary with a telehealth appointment and/or educating a member on the use of telehealth technology
  - Care planning with a beneficiary's interdisciplinary care team as part of a team-based, person-centered approach to improve members' health by meeting a beneficiary's situational health needs and health-related social needs, including time-limited episodes of instability and ongoing secondary and tertiary prevention for members with chronic condition management needs.
  - Services, including initial visits, may be delivered in a medical clinic setting or in a community setting, including but not limited to beneficiaries' homes.

Eligibility:

Beneficiaries are eligible to receive services from a CHW when the CHW service is medically necessary. CHW services are considered medically necessary for beneficiaries with one or more chronic health (including behavioral health) conditions, who are at risk for a chronic health condition, and/or who face barriers meeting their health or health-related social needs are eligible to receive services from a CHW.

The determination of whether a beneficiary meets the medical necessity criteria for CHW services shall be based on the presence of one or more of the following:

- Diagnosis of one or more chronic health (including behavioral health) conditions;
- Presence of medical indicators of rising risk of chronic disease (e.g., elevated blood pressure, elevated blood glucose levels, etc., that indicate risk but do not yet warrant diagnosis of a chronic condition);
- Presence of known risk factors including tobacco use, excessive alcohol use, and/or drug misuse;
- Results of a social determinant of health screening indicating unmet health-related social needs;
- One or more visits to a hospital emergency department;
- One or more hospital inpatient stays, including stays at a psychiatric facility;
- One or more stays at a detox facility;
- Two or more missed medical appointments; and/or
- Beneficiary expressed need for support in health system navigation or resource coordination services.

CHW services must be recommended by licensed practitioner of the healing arts within the scope of their practice under State law.

Provider Qualifications:

Providers may bill for CHW services provided by a CHW who:

1. Is certified by the Rhode Island Certification Board as a CHW; or
2. Has an employer-approved plan for working toward RI certification to be achieved within 18 months.

## Community Health Worker Services Payment:

### Payment methodology:

Service time billed must be for either direct contact with a beneficiary (in-person or through telehealth) or for collateral services on an individual basis. Collateral services are those delivered on behalf of an individual beneficiary but that are not delivered in that beneficiary's presence/directly to the beneficiary. The collateral service must actively involve the beneficiary in the sense of being tailored to the beneficiary's individual needs. There may be times when, based on clinical judgment, the beneficiary is not present during the delivery of the service, but remains the focus of the service. Of the covered services listed above, the following may be delivered as a collateral service:

1. Beneficiary assessment as part of health promotion and coaching
2. Health system navigation and resource coordination, including:
  - a. Helping a beneficiary find Medicaid providers to receive a covered service
  - b. Helping a beneficiary make and keep an appointment for a Medicaid covered service
  - c. Arranging transportation to an appointment for a Medicaid covered service
  - d. Helping a beneficiary find and access other relevant community resources.
3. Care planning with a beneficiary's interdisciplinary care team as part of a team-based, person-centered approach to improve members' health by meeting a beneficiary's situational health needs and health-related social needs, including time-limited episodes of instability and ongoing secondary and tertiary prevention for beneficiaries with chronic condition management needs

Rates established are inclusive of travel time and time spent conducting outreach to a new patient not yet receiving any CHW services.

### The bases of payment are:

1. 15-minute units of service for individuals (new patients)
2. 15-minute units of service for individuals (established patients)
3. 15-minute units of service for groups of 2 or more beneficiaries

A given provider may bill up to twelve (12) units of service time per individual beneficiary per day. A provider may request prior authorization to exceed this number of units when medically necessary for a particular beneficiary.

### Rates and Rate Increases:

The current rates will be published at: <https://eohhs.ri.gov/providers-partners/fee-schedules>. These rates are effective as of July 1, 2021.

The following methodology will be used to calculate annual adjustments to rates for CHW services:

- Each July 1, the rates that were in effect on October 1<sup>st</sup> of the preceding calendar year will be trended by the March release of the New England Consumer Price Index Card, as determined by the United States Department of Labor for medical care (which contains February data).

Limitations or prior authorization requirements:

There are no limitations or prior authorization requirements beyond the medical necessity criteria noted above and the availability of prior authorization to exceed the maximum number of units otherwise allowed per beneficiary per day.