
CHAPTER 5: PROFESSIONAL SERVICES

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Community Health Workers

Louisiana Medicaid covers services rendered to Medicaid beneficiaries by qualified community health workers (CHWs) meeting the criteria and policy outlined below.

Community Health Worker Qualifications

A qualified CHW is someone who:

1. Has completed state-recognized training curricula approved by the Louisiana CHW Workforce Coalition; or
2. Has a minimum of 3,000 hours of documented work experience as a CHW.

Providers who employ CHWs are responsible for verifying and maintaining documentation that qualification criteria are met.

Eligibility Criteria

To be eligible to receive CHW services, a beneficiary must have one or more of the following:

1. Diagnosis of one or more chronic health (including behavioral health) conditions;
2. Suspected or documented unmet health-related social need; or
3. Pregnancy.

Covered Services

The following are covered services that can be provided by CHWs:

1. Health promotion and coaching. This can include 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 in an individual or group setting;
2. Care planning with the beneficiary and their healthcare team. This should occur as part of a person-centered approach to improve 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; and

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3. Health system navigation and resource coordination services. This can include helping to engage, re-engage, or ensure patient follow-up in primary care, routine preventive care, adherence to treatment plans and/or self-management of chronic conditions.

Services must be ordered by a physician, advanced practice registered nurse (APRN), or physician assistant with an established clinical relationship with the beneficiary. Services must be rendered under this supervising provider's general supervision, defined as being under the supervising provider's overall direction and control, but not requiring the provider's presence during the performance of the CHW services.

There is no restriction as to the site of service, which may include, but is not limited to: a health care facility, clinic setting, community setting or the beneficiary's home. Delivery of the service through a synchronous audio/video telehealth modality is also permissible.

Use of the current procedural terminology (CPT) procedure codes in the 'Education and Training for Patient Self-Management' section are the only billable services that may be provided by CHWs. CPT guidance must be followed.

Coverage Limitations

The following services are not covered:

1. Insurance enrollment and insurance navigator assistance;
2. Case management;
3. Direct provision of transportation for a beneficiary to and from services; and
4. Direct patient care outside the level of training an individual has attained.

Services will only be reimbursed up to two hours per day and ten hours per month per beneficiary.

Reimbursement

CHW services are reimbursed "incident to" the supervising physician, APRN, or physician assistant.

A CHW who provides services to more than one beneficiary at a time must document in the clinical record and bill appropriately using the approved codes associated with the number of people receiving the service simultaneously. This is limited to eight unique beneficiaries per session.