New York State Community Health Worker Policy Landscape

Prepared by Partners In Health United States for Envision Equity & the New York CHW Policy Partnership Initiative with support from the New York Health Foundation

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This document is a summary of the statewide policies that are related to the community health worker (CHW) workforce. Most public policies in New York are related to public financing, including recent legislation, Medicaid and Medicare policies, and Centers for Medicare and Medicaid Innovation models. Exploratory research also identified many CHW stakeholders, including CHW networks, health systems, community organizations, and municipalities who are actively working to employ this workforce or are involved in different aspects of CHW workforce development, from training and certification to health care system integration. New York's public health ecosystem is rich with both governmental and grassroots efforts to improve health-related social needs outcomes and opportunities for CHWs to create connections between communities and health systems, and the below information will ideally generate opportunities to further strengthen the CHW workforce in the state.

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1. Definition of a CHW

In New York, Medicaid provider guidance and the State Plan Amendment define a CHW as follows:

> "A public health worker, not otherwise recognized as a licensed or certified Medicaid provider type, that reflects the community served through lived experience that may include but is not limited to pregnancy and birth; housing status; mental health conditions, substance use or other chronic conditions; shared race, ethnicity, language, and/or sexual orientation; or community of residence. The CHW functions as a liaison between healthcare systems, social services, and community- based organizations to improve overall access to services and resources and to facilitate improved health outcomes for the populations served."[1]

This definition aligns with several aspects of the American Public Health Association CHW Section definition of a community health worker that is regarded as the national standard by CHWs:

> "A community health worker is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the worker 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 competence of service delivery.
>
> A community health worker also builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support and advocacy."[2]

2. State Legislation

The term "community health worker" has been included in legislation introduced and passed by the New York State Legislature.

- In the 2021-2022 session, the term "community health worker" was included in 8 bills
- In the 2023-2024 session, the term "community health worker" was included in 8 bills

The State Fiscal Year (SFY) 2023 budget represented legislation that was signed into law that established the precedent for CHW Medicaid reimbursement in New York (S4007). While not explicitly mentioned in the budget, the bill included appropriations that allowed New York State to submit the initial State Plan Amendment (SPA #23-0002). Legislation enabling CHW reimbursement was introduced in stages during this period, first for services to prenatal and postpartum women in SFY2023 before extending to children and adults with health-related social needs (HRSN) in SFY2024.

New York Senate Bill S 4007[3]

Senate Bill S4007 was New York's state health budget bill for fiscal years 2023-2024, enacted into law on May 3, 2023. It established Medicaid reimbursement for CHW services for certain high-risk populations. CHW services in this law include, but are not limited to, culturally appropriate patient education, health care navigation, care coordination including the development of a care plan, patient advocacy, and support services for the management of chronic conditions for children under age twenty-one, and for adults with HRSN.

These services require a recommendation for services from a physician or certain other health care practitioner and qualified CHWs "as determined by the commissioner of health." This bill led to the development of State Plan Amendment #23-0002, effective October 1, 2023, and provided services for pregnant and postpartum women.[4] This corresponding State Plan Amendment was further expanded effective January 1, 2024 to include additional populations.[5] More information on the State Plan Amendment is below.

3. Public Financing Policies

New York recently joined a growing number of states that have included CHWs in their Medicaid policies,[6] with a 2023 State Plan Amendment to allow for reimbursement of CHW services and 2024 Medicaid 1115 waiver amendment that included CHWs. In addition, Medicare reimbursement and CMS innovation models may provide additional opportunities to employ CHWs in New York.

Medicaid State Plan Amendment (SPA) #23-0002[7,8]

New York has one SPA related to CHWs, which applies to both fee-for service models and managed care. The first version of SPA #23-0002 went into effect on October 1, 2023, and provided services for pregnant and postpartum women.[9] The second version, which expanded eligibility, went into effect January 1, 2024:[10]

The updated SPA expanded eligibility to include the following populations:

- Children under 21 years of age
- Adults with chronic conditions
- Individuals with justice system involvement within the past 12 months
- Individuals who have been exposed to community violence or have a personal history of injury sustained as a result of an act of community violence, or who are at an elevated risk of violent injury or retaliation resulting from another act of community violence
- Individuals with unmet HRSN in the domains of housing, nutrition, transportation, or interpersonal safety when identified through screening using the Centers for Medicare & Medicaid Services (CMS) Accountable Health Communities Health-Related Social Needs Screening Tool

SPA #23-0002 reimburses for CHW services including health advocacy, health education and health navigation. Health advocacy can include addressing the individuals' needs, needed healthcare services, connection with community-based resources and programming, and support to ensure access to care that is high-quality, respectful, and equitable. Health education can include providing instruction consistent with evidence-based standards to optimize health and to address barriers to accessing health care, health education, and/or community resources focused on the individual. Health navigation can include community-based and healthcare-related closed-loop referrals, identification of health and social care needs, resource coordination, enrollment in assistance programs, and direct accompaniment to appointments.

CHW reimbursement via the SPA is limited to healthcare providers/organizations. However, non-healthcare organizations including community-based organizations (CBOs), which often employ CHWs, can access this payment model by contracting with healthcare providers to deliver the necessary services. The types of organizations with Medicaid-enrolled providers that can bill for CHW services include:

- Clinic
- Federally Qualified Health Center (FQHC)
- Hospital Outpatient Department
- Physician

- Midwife
- Nurse Practitioner
- Psychologist
- Licensed Clinical Social Worker
- Licensed Mental Health Counselor
- Licensed Marriage Family Therapist
- Health Home

Of note, the initial SPA did not include FQHCs or Rural Health Centers, which were added via additional Medicaid guidance published in October 2024 to address this gap.[11] Health Homes were added in 2025, January 1 for fee-for-service (FFS) plans and April 1 for managed care plans.[12] Health Homes cannot bill for CHW services as part of Health Home care coordination services, but they may do so before or after the coordination period. This may represent a challenge for organizations attempting to sustain CHW positions through braiding Medicaid SPA CHW reimbursement and Health Home care coordination services.

At present, CHWs cannot enroll as a NYS Medicaid provider type; CHWs must practice under the supervision of a Medicaid-enrolled, licensed provider and services must be recommended by a physician or other licensed practitioner of the healing arts.

In addition, CHWs must meet certain requirements to qualify for reimbursement of services. These include:[13]

- Lived experience
- Minimum of 20 hours of training that includes the CDC-endorsed CHW core competencies (C3 Competencies[14]) or minimum of 1,400 hours of work experience over the previous three years
- Basic HIPAA and mandated reporter trainings
- Violence prevention-specific trainings for CHWs providing community violence prevention service.

CHW services may be provided on an individual or group basis and must involve direct, face-to-face interaction with the Medicaid member and meet the minimum time frame for CHW service length to meet the criteria for Medicaid coverage of services. Current NYS Medicaid telehealth service policy applies to coverage of CHW services.[15]

CHW services bill under Current Procedural Terminology (CPT) codes "98960", "98961", or "98962" for “Self-management education and training face-to- face using a standardized curriculum.” According to the October 2024 publication of the Medicaid provider manual, the current reimbursement rate for CHWs is $35.00/30 min for education of an individual, with different rates for group education.[16] Services must be a minimum of 16 minutes and a maximum of 37 minutes. There is a limit of 12 30-minute increments per year for CHW services for adults and 24 increments for children, which may be limiting given the substantial time required to build relationships and support navigation. It is unclear whether the current reimbursement rate is sufficient in covering the expenses related to hiring and sustaining CHWs.

Medicaid 1115 “Medicaid Redesign Team” (MRT) Waiver[17]

The New York State Medicaid Redesign Team waiver has been in effect since 1997 with the goals of improving access to health care, improving the quality of health services delivered, and expanding coverage to additional low-income New Yorkers. In January 2024, CMS approved an amendment to the 1115 waiver, the “NY Health Equity Reform 1115 Waiver Amendment” (NYHER). The amendment supports advancing health equity, reducing

health disparities, and supporting the delivery of HRSN services. To achieve these goals, the waiver focuses investments on the creation of regional social care networks, workforce development, and population health.

Regional social care networks will identify lead/backbone organizations that will house cooperative regional networks including CBOs that will be reimbursed for providing HRSN screening and referrals and HRSN services across the state. In terms of workforce development, the waiver plans to expand the CHW workforce by increasing training, building out capacity of CBOs, incorporating a career pipeline with opportunities for advancement, and expanding current apprenticeship and cohort training programs.[18] Lastly, population health initiatives will include a Medicaid hospital global budgeting initiative, a primary care delivery alternative payment model, and substance use disorder programs, among other initiatives.[19,20]

New York designed a two-tiered system of benefits based on population and HRSN screening. All Medicaid members are screened for HRSN via providers, Social Care Networks, or insurers. Individuals with identified needs are referred for Tier 1 services via existing federal, state, and local infrastructure. Members enrolled in Medicaid managed care plans who meet certain criteria are eligible for Level 2 ("Enhanced HRSN") services. These include: [21]

- high utilizers
- people with serious chronic conditions and enrolled in designated Health Home program
- substance use disorder, severe mental illness, or intellectual/developmental disability diagnosis
- pregnant individuals (up to 12 months postpartum)
- post-release justice involved
- justice-involved youth and foster care youth
- children under age 6
- children under age 18 with one or more chronic condition

Level 2 Enhanced HRSN services are coordinated by Social Care Networks and include:[22]

- *Enhanced case management*: case management, outreach, referral management and education, including linkages to other state and federal benefit programs, benefit program application assistance, and benefit program application fees; connection to clinical case management; connection to employment, education, childcare, and interpersonal violence resources; follow up after services and linkages.
- *Housing supports*: navigation, community transitional services, rent/utilities, pre-tenancy and tenancy-sustaining services, home remediation, home accessibility and safety modifications, medical respite.
- *Nutrition supports*: nutritional counseling and classes, medically-tailored or clinically appropriate home-delivered meals, food prescriptions, fresh produce and nonperishable groceries, cooking supplies, such as pots, pans, utensils, microwaves, etc.
- *Transportation*: reimbursement for private and public transportation to covered HRSN services and case management activities.

In August 2024, the New York State Department of Health announced the 9 organizations that will lead regional Social Care Networks under this 1115 waiver. Many of these organizations, such as the Health and Welfare Council of Long Island, are actively trying to connect with CHWs in the state and improve implementation of the State Plan Amendment and 1115 waiver. Capacity building funds are available to strengthen the ability of CBOs to provide high-quality HRSN services and to manage new or increased administrative responsibilities. Social Care Networks began providing these services as of January 1, 2025.

Medicare Community Health Integration Reimbursement[23]

While not unique to New York State, Medicare represents an additional funding source for CHW services. The Medicare Physician Fee Schedule (PFS) is updated annually by CMS, announces policy changes, and is the basis for paying providers under Medicare. The 2024 PFS Final Rule went into effect on January 1, 2024.[24] The PFS includes Medicare Part B coding and payment changes for certified or trained auxiliary personnel—including CHWs—under the direction of a Medicare-billing practitioner, to be reimbursed for providing a new set of services called Community Health Integration (CHI). CHI services are designed to address HRSN (referred to as "social determinants of health" in the PFS) that affect the diagnosis and treatment of the patient's medical problems as documented in an initiating visit by a Medicare-billing practitioner.

Only one auxiliary personnel may bill for CHI services each month under the general supervision of the billing practitioner, though there is no limitation on the frequency of these services. The PFS outlines Healthcare Common Procedure Coding System (HCPCS) codes and descriptors for these services. Rates for these services vary based on region and on whether the service is provided in a facility that would receive a separate facility fee. CHI services may be provided at the billing provider's facility or by personnel at CBOs that contract with the billing provider. Community care hubs have been identified as potential backbone organizations that can coordinate administrative functions and manage funding streams for a network of CBOs. The PFS requires clinical integration when contracting with a CBO, which means that there is documentation of the CHI plan and services in the electronic health record of the billing provider, as well as communication between the CBO and the billing provider.

Under the PFS, CHWs who provide CHI services "must be certified or trained to perform all included service elements, and authorized to perform them under applicable State laws and regulations." The PFS defers to relevant state rules on CHW training and certification.

Centers for Medicare and Medicaid Innovations (CMMI) Models

New York state or regions of New York currently participate across two CMMI models that could have an impact on the CHW workforce: Making Care Primary (MCP) and the Total Cost of Care (TCOC) All-payer Health Equity Approaches and Development (AHEAD) model. On March 12, 2025, CMS announced the termination of MCP with the program ending on December 31, 2025.

MCP incentivizes primary care providers to transition away from traditional volume-based FFS payment. The overall design of MCP provides a gentle "on-ramp" for smaller, safety net primary care organizations to start participating in value-based payment and care without having to participate in an ACO. It provides incentives for primary care practices that employ and utilize CHWs in addressing HRSN.[25]

The AHEAD Model aims to improve population health and advance health equity, while controlling healthcare cost growth. New York State will receive $12 million in federal funding over six years to support model implementation.[26] In the next 2 years, New York plans to realign and propose the new Medicaid hospital global budget.[27] The AHEAD model puts a focus on primary care, health equity, and behavioral health integration.

4. Additional State Sources of CHW Funding

In addition to Medicaid and Medicare financing, New York is also a recipient of CDC state grants and is home to many programs that fund CHWs.

State CDC CCR-2109 Funding (2021-2024)

County of Schenectady:

- Program Name: COVID-19 Response and Equity Advancement Through Engagement of Schenectady CHWs (CREATES CHWs)
- Program Overview: The CREATES CHWs project is recruiting and hiring new CHWs to work in communities across the county, including areas with lower incomes, African American communities, Hispanic communities, and Latino communities. The program is creating a CHW training curriculum and internship program to strengthen the CHW workforce. To promote vaccination, CHWs are delivering COVID-19 education and conducting outreach. The program is also developing a mobile app-based data tracking system to document the work of CHWs.
- Total Funding Amount: $1,949,275

City of Syracuse:

- Program Name: CHWs Accessing Resources for Equity in Syracuse for COVID-19 (CARES for COVID-19)
- Program Overview: The City of Syracuse's CARES for COVID-19 program is working with key partners to train CHWs in fentanyl overdose prevention. CHWs are conducting door-to-door outreach, hosting large-scale health education events, and participating in pop-up vaccine clinics. Using social media, CHWs are sharing COVID-19 messages in communities throughout the city, focusing on households with lower incomes.
- Total Funding Amount: $1,799,436

NYC Public Health Corps

The NYC Public Health Corps is a city-wide effort launched in September 2021 to expand the public health workforce by partnering with community groups and community health workers to eliminate COVID-19 inequities through outreach and education.[28] The program was funded by the American Rescue Plan Act and leveraged Public Health Infrastructure Grant funding.

The NYC Health Department has partnered with well-established community-based and faith-based organizations. These organizations tailored their COVID-19 outreach and education based on the needs of the local community. Via this program, NYC Health & Hospitals embedded over 250 CHWs in primary care teams across the health system working closely with over 25,000 patients between 2021 and 2024.[29]

Specific Programs Funding CHWs

- State Aid to Localities allocates approximately $14 million annually for the PICHC program. A portion of the funding is matched by Medicaid dollars. Funding supports 26 programs statewide that provide services by CHWs in 31 counties.
- The New York State Department of Health's (NYSDOH) Maternal, Infant, and Early Childhood Home Visiting (MIECHV) grant funds two evidence-based home-visiting models. NYSDOH suballocates a portion of the MIECHV grant to the NYS Office of Children and Family Services, which supports 10 of the

54 Healthy Families New York (HFNY) contracts. Nearly all MIECHV-funded programs also receive a state appropriation from their contracting agency. HFNY programs provide services in all 62 counties. These programs include CHWs.

- According to a National Center for Healthy Housing case study, Medicaid managed care organizations (MCOs) in New York can also choose to provide home-based asthma services and bill the services as administrative expenses.[30]

5. Certification and Training Policies

While there are no state policies mandating certification or establishing training standards for CHWs, completion of a CHW training program with specific parameters is a requirement for Medicaid payment (See section on State Plan Amendment). Training programs that offer a certificate of completion are available, and many employers require this training certificate before or during the initial six months of employment.[31] New York State Department of Labor oversees a CHW apprenticeship program.[32]

Recommended Further Reading

- New York Health Foundation: Fact Sheet: Community Health Workers in New York State
- National Academy for State Health Policy: State Community Health Worker Policies
- ForHealth Consulting: Environmental Scan on Community Health Workers
- New York State Department of Health: Medicaid State Plan Amendment #23-0002; Medicaid Redesign Team (MRT) 1115 Research and Demonstration Waiver; 1115 Amendment Overview; Medicaid CHW Services Policy Manual
- ASTHO: Changes to 2024 Medicare Physician Fee Schedule for CHI Services

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