



PROPOSED RULE MAKING

CR-102 (June 2024) (Implements RCW 34.05.320) Do NOT use for expedited rule making

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STATE OF WASHINGTON
FILED

DATE: December 31, 2024

TIME: 3:39 PM

WSR 25-02-113

Agency: Health Care Authority

☒ Original Notice

☐ Supplemental Notice to WSR _____

☐ Continuance of WSR _____

☒ Preproposal Statement of Inquiry was filed as WSR 24-15-085 ; or

☐ Expedited Rule Making--Proposed notice was filed as WSR _____; or

☐ Proposal is exempt under RCW 34.05.310(4) or 34.05.330(1); or

☐ Proposal is exempt under RCW _____.

Title of rule and other identifying information: (describe subject) Creating new Chapter 182-562 WAC, Community Health Worker Services

Hearing location(s):

Date:	Time:	Location: (be specific)	Comment:
February 4, 2025	10:00 AM	The Health Care Authority holds public hearings virtually without a physical meeting place	To attend the virtual public hearing, you must register in advance: https://us02web.zoom.us/webinar/register/WN_9MWncpw8R8-6cKDvzWrvBA (hyperlink "you must register in advance") If the link above opens with an error message, please try using a different browser. After registering, you will receive a confirmation email containing information about joining the public hearing

Date of intended adoption: Not sooner than February 4, 2025 (Note: This is **NOT** the effective date)

Submit written comments to:

Name HCA Rules Coordinator

Address PO Box 42716, Olympia WA 98504-2716

Email arc@hca.wa.gov

Fax 360-586-9727

Other

Beginning (date and time) January 3, 2025, 8:00 AM

By (date and time) February 4, 2025, by 11:59 PM

Assistance for persons with disabilities:

Contact Johanna Larson

Phone 360-725-1349

Fax 360-586-9727

TTY Telecommunication Relay Service (TRS): 711

Email Johanna.Larson@hca.wa.gov

Other

By (date) January 24, 2025

Purpose of the proposal and its anticipated effects, including any changes in existing rules: To establish a community health worker benefit as required under section 211(43), chapter 376, Laws of 2024 (ESSB 5950). HCA is developing rules in new Chapter 182-562 WAC..

Reasons supporting proposal: See Purpose.

Statutory authority for adoption: RCW 41.05.021, 41.05.160

Statute being implemented: RCW 41.05.021, 41.05.160

Is rule necessary because of a:

Federal Law?

☐ Yes ☐ No

Federal Court Decision?

☐ Yes ☐ No

State Court Decision?

☐ Yes ☐ No

If yes, CITATION:

Agency comments or recommendations, if any, as to statutory language, implementation, enforcement, and fiscal matters: N/A

Name of proponent: (person or organization) Health Care Authority

Type of proponent: ☐ Private. ☐ Public. ☒ Governmental.

Name of agency personnel responsible for:

	Name	Office Location	Phone
Drafting	Jason Crabbe	PO Box 42716, Olympia, WA 98504-2716	360-752-9563
Implementation	Nikki Banks	PO Box 45506, Olympia, WA 98504-5506	360-725-1002
Enforcement	Nikki Banks	PO Box 45506, Olympia, WA 98504-5506	360-725-1002

Is a school district fiscal impact statement required under [RCW 28A.305.135](#)?

☐ Yes ☒ No

If yes, insert statement here:

The public may obtain a copy of the school district fiscal impact statement by contacting:

Name
Address
Phone
Fax
TTY
Email
Other

Is a cost-benefit analysis required under [RCW 34.05.328](#)?

☐ Yes: A preliminary cost-benefit analysis may be obtained by contacting:

Name
Address
Phone
Fax
TTY
Email
Other

☒ No: Please explain: RCW 34.05.328 does not apply to Health Care Authority rules unless requested by the Joint Administrative Rules Review Committee or applied voluntarily.

Regulatory Fairness Act and Small Business Economic Impact Statement

Note: The [Governor's Office for Regulatory Innovation and Assistance \(ORIA\)](#) provides support in completing this part.

(1) Identification of exemptions:

This rule proposal, or portions of the proposal, **may be exempt** from requirements of the Regulatory Fairness Act (see [chapter 19.85 RCW](#)). For additional information on exemptions, consult the [exemption guide published by ORIA](#). Please check the box for any applicable exemption(s):

☐ This rule proposal, or portions of the proposal, is exempt under [RCW 19.85.061](#) because this rule making is being adopted solely to conform and/or comply with federal statute or regulations. Please cite the specific federal statute or regulation this rule is being adopted to conform or comply with, and describe the consequences to the state if the rule is not adopted.

Citation and description:

☐ This rule proposal, or portions of the proposal, is exempt because the agency has completed the pilot rule process defined by [RCW 34.05.313](#) before filing the notice of this proposed rule.

☐ This rule proposal, or portions of the proposal, is exempt under the provisions of [RCW 15.65.570](#)(2) because it was adopted by a referendum.

- ☐ This rule proposal, or portions of the proposal, is exempt under [RCW 19.85.025\(3\)](#). Check all that apply:
- | | |
|---|--|
| <input type="checkbox"/> RCW 34.05.310 (4)(b)
(Internal government operations) | <input type="checkbox"/> RCW 34.05.310 (4)(e)
(Dictated by statute) |
| <input type="checkbox"/> RCW 34.05.310 (4)(c)
(Incorporation by reference) | <input type="checkbox"/> RCW 34.05.310 (4)(f)
(Set or adjust fees) |
| <input type="checkbox"/> RCW 34.05.310 (4)(d)
(Correct or clarify language) | <input type="checkbox"/> RCW 34.05.310 (4)(g)
((i) Relating to agency hearings; or (ii) process requirements for applying to an agency for a license or permit) |
- ☐ This rule proposal, or portions of the proposal, is exempt under [RCW 19.85.025\(4\)](#). (Does not affect small businesses).
- ☐ This rule proposal, or portions of the proposal, is exempt under RCW _____.
Explanation of how the above exemption(s) applies to the proposed rule:

(2) Scope of exemptions: *Check one.*

- ☐ The rule proposal: Is fully exempt. (*Skip section 3.*) Exemptions identified above apply to all portions of the rule proposal.
- ☐ The rule proposal: Is partially exempt. (*Complete section 3.*) The exemptions identified above apply to portions of the rule proposal, but less than the entire rule proposal. Provide details here (consider using [this template from ORIA](#)):
- ☒ The rule proposal: Is not exempt. (*Complete section 3.*) No exemptions were identified above.

(3) Small business economic impact statement: *Complete this section if any portion is not exempt.*

If any portion of the proposed rule is **not exempt**, does it impose more-than-minor costs (as defined by RCW 19.85.020(2)) on businesses?

- ☒ No Briefly summarize the agency's minor cost analysis and how the agency determined the proposed rule did not impose more-than-minor costs. The proposed rules are not only for small businesses as they apply to all businesses providing CHW services to Apple Health (Medicaid) enrolled clients, nor are there disproportionate impacts to small businesses. HCA posits that this rule will create new employment opportunities for CHWs partnering with Apple Health providers, and by implementing by end of FY2025, there is a reduced risk for CHWs hired as part of the CHW grant being terminated due to lack of sustainable funding.
- ☐ Yes Calculations show the rule proposal likely imposes more-than-minor cost to businesses and a small business economic impact statement is required. Insert the required small business economic impact statement here:

The public may obtain a copy of the small business economic impact statement or the detailed cost calculations by contacting:

Name
Address
Phone
Fax
TTY
Email
Other

Date: December 31, 2024

Name: Wendy Barcus

Title: HCA Rules Coordinator

Signature:



**Chapter 182-562 WAC
COMMUNITY HEALTH WORKER SERVICES**

GENERAL

NEW SECTION

WAC 182-562-0050 Purpose. This chapter contains rules regarding community health worker (CHW) services.

(1) For the purpose of this chapter, CHWs are frontline public health workers who are trusted members, or have a close understanding, or both, of the community served. This trusting relationship enables CHWs to serve as liaisons, links, or intermediaries between health or social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery.

(2) CHWs may provide preventive services at any of the following three levels:

(a) **Primary prevention.** This level focuses on preventing the onset of disease or injury before it occurs by reducing risk factors and promoting healthy behaviors;

(b) **Secondary prevention.** This level focuses on early detection and prompt intervention to halt the progress of a disease, injury, or event during its initial phase. This includes conducting appropriate screenings and assessments for conditions; or

(c) **Tertiary prevention.** This level focuses on reducing the impact of an ongoing disease or injury and on managing and improving the quality of life for individuals with established diseases or conditions.

NEW SECTION

WAC 182-562-0100 Definitions. The following definitions and those found in chapter 182-500 WAC apply to community health worker (CHW) services.

"Agency" - See WAC 182-500-0010.

"Care coordination and health system navigation" - Helping clients to:

(a) Identify providers to receive services;

(b) Make appointments for services, arrange transportation to health care appointments, and attend appointments with clients for health care services; and

(c) Find other relevant community resources such as support groups.

"Client" - A person who is an applicant for, or recipient of, any Washington apple health program, including managed care and long-term care. See definitions for "applicant" and "recipient" in RCW 74.09.741.

"Community health representative (CHR)" - Community health representatives (CHRs) are well-trained, medically guided, tribal and Native community people, who provide a variety of health services within American Indian and Alaska Native communities. CHRs are recognized as CHWs for the purposes of CHW services.

"Community health worker" or "CHW" - A frontline public health worker who is a trusted member, or has a close understanding, or both, of the community served. This trusting relationship enables the CHW to provide direct services as well as serve as a liaison, link, or intermediary between health or social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery.

"Community health worker services" - A type of preventive health services that:

(a) Helps prevent disease, disability, and other health conditions or their progression; prolongs life; and promotes physical and mental health and efficiency;

(b) Provides tailored support and system navigation to help address unmet health-related social needs that significantly limit a practitioner's ability to carry out a medically necessary treatment plan; and

(c) Provides navigation in the treatment of a serious, high-risk condition or illness. These services help guide the client through their course of care including addressing any unmet social needs that significantly limit the client's ability to engage and follow their plan of care.

"General supervision" - The medicaid-enrolled, licensed practitioner supervising the CHW is responsible for providing guidance, support, and oversight to ensure that CHWs and CHRs are effectively performing their roles, monitoring the course of care, and delivering quality services to the community.

"Health education and promotion" - Helping clients to:

(a) Contextualize health education provided by the client's treatment team with the client's individual needs, goals, and preferences, in the context of the principal illness and/or SDOH need(s) and educating the client on how to best participate in medical decision making; and

(b) Build client self-advocacy skills, so that the client can interact with members of the health care team and related community-based services addressing the principal illness and SDOH need(s), in ways that are more likely to promote personalized and effective diagnosis or treatment.

"Health-related social needs (HRSN)" - Health-related social needs (HRSN) are an individual's unmet, adverse social conditions (e.g., housing instability, homelessness, nutrition insecurity) that contribute to poor health and are a result of underlying social determinants of health (conditions in which people are born, grow, work, and age).

"Lived experience" - Having first-hand knowledge and insight gained from navigating challenges similar to those faced by the people in the community. This can include shared experiences like cultural backgrounds, socioeconomic status, health conditions, or barriers accessing the health and social service systems.

"Medicaid agency" - See WAC 182-500-0070.

"Person-centered assessment" - Conducting a person-centered assessment to understand the client's life story, strengths, needs, goals, preferences, and desired outcomes including understanding cultural and linguistic factors and including unmet SDOH needs to establish a plan of care.

"Preventive services" - Services that help prevent disease, disability, and other health conditions or their progression; prolong life; and promote physical and mental health efficiency.

"Supervision" - Key aspects of supervision include, but are not limited to:

- (a) Training and professional development;
- (b) Performance monitoring;
- (c) Support and mentorship; and
- (d) Problem-solving and conflict resolution.

"Washington apple health" - See WAC 182-500-0120.

NEW SECTION

WAC 182-562-0150 Appeal process. (1) The medicaid agency gives the client written notice of an action under chapter 182-518 WAC.

(2) The client has the right to appeal the agency's adverse action according to chapter 182-526 WAC.

NEW SECTION

WAC 182-562-0200 Client eligibility. To receive community health worker (CHW) services, a person must:

(1) Be eligible for one of the Washington apple health programs listed in the table in WAC 182-501-0060, except for the medical care services (MCS) programs; and

(2) Be referred by a physician or other licensed practitioner of the healing arts, as specified in 42 C.F.R. 440.130, following an initiating visit with one of the following criteria:

(a) An unmet health-related social need (HRSN) that limits the ability to engage in health care services;

(b) A positive adverse childhood experiences (ACEs) screening;

(c) One serious, high-risk condition that places the client at risk of any of the following:

(i) Hospitalization;

(ii) Institutionalization/out-of-home placement;

(iii) Acute exacerbation or decompensation; or

(iv) Functional health decline or death;

(d) Two or more missed medical appointments within the previous six months;

(e) The client, client's spouse, or client's family member expressed a need for support in health system navigation or resource coordination services;

(f) A need for recommended preventive services; or

(g) A condition that requires monitoring or revision of a disease-specific care plan and may require frequent adjustment of the

medication or treatment regimen or substantial assistance from a caregiver.

NEW SECTION

WAC 182-562-0300 Initiation and referral. (1) Community health worker (CHW) services must be initiated and referred by a physician or other licensed practitioner of the healing arts, as specified in 42 C.F.R. 440.130.

(2) During the initiating visit, the health care professional:

(a) Identifies that the client exhibits one of the criteria found in WAC 182-562-0200(2);

(b) Establishes a care plan; and

(c) Refers the client to a CHW or community health representative (CHR).

(3) The initiating visit must be personally performed by the licensed practitioner of the healing arts, as specified in 42 C.F.R. 440.130.

COMMUNITY HEALTH WORKERS

NEW SECTION

WAC 182-562-0400 Community health workers—Provider requirements. (1) To be paid for providing community health worker (CHW) services to Washington apple health clients, a CHW must:

(a) Deliver the CHW services under the general supervision of a medicaid-enrolled, licensed practitioner within the scope of their licensure as described in state law;

(b) Have lived experience that aligns with and provides a connection between the CHW and the community being served;

(c) Have 2,000 supervised hours working as a CHW in paid or volunteer positions within the previous three years and demonstrated skills and practical training in the areas listed in this section;

(d) Possess the following skills or core competencies:

(i) Communication;

(ii) Interpersonal and relationship-building;

(iii) Service coordination and navigation;

(iv) Advocacy;

(v) Capacity building;

(vi) Professional conduct;

(vii) Outreach;

(viii) Individual and community assessment;

(ix) Knowledge base in public health principles and social determinants of health (SDOH);
(x) Education and facilitation; and
(xi) Evaluation and research; and
(e) Demonstrate minimum qualifications through one of the following:

(i) **CHW/CHR certificate.** A certificate of completion including, but not limited to, any certificate issued by the Washington state department of health, or its designee, or Indian health services of a curricula that attests to demonstrated skills or competencies, or both, listed in (d) of this subsection; or

(ii) **Supervisor attestation.** Medicaid-enrolled, licensed supervisors may demonstrate the CHW's skills and competencies by conducting a CHW assessment and attesting to the CHW's skills and competencies. The supervising provider must maintain documentation of the CHW assessment. Trainings may also include health-specific topics including, but not limited to:

(A) Health literacy;
(B) Human development and preventive health across the lifespan;
(C) Reproductive health and family planning;
(D) Chronic health conditions and management (e.g., hypertension, heart disease, and diabetes);
(E) Understanding disparities and social determinants; and
(F) Behavioral health.

(2) CHWs that do not meet any of the identified skills or practical training areas listed in this section must obtain the necessary training within 18 months of employment during which CHW services may still be billed. Once the 18 months have been completed, if the CHW does not meet the necessary training requirements, the agency will no longer pay for services billed until the training requirements are met.

(3) CHWs must complete a minimum of six hours of additional training annually. The supervising provider must maintain documentation of the CHW's completion of continuing education requirements.

NEW SECTION

WAC 182-562-0500 Community health workers—Documentation requirements. Community health workers must fulfill the documentation requirements in the medicaid agency's community health worker (CHW) services billing guide including, but not limited to, documenting in the client's health record:

(1) Advance client consent. Consent must be obtained by the licensed, qualified health care professional before initiating referral to CHWs or community health representatives (CHRs) for additional support. Consent may be verbal or in writing;

(2) The date and time/duration spent with the client and the nature of the activities;

(3) The location of services;

(4) The services performed, specifying the following:

(a) Whether they were provided to an individual or a group; and

(b) If they were provided to a group, the number of clients in the group;

(5) All identified needs of the client served including, but not limited to, health-related social needs that services are addressing (e.g., the client's diagnosis as defined by the current revision of the International Statistical Classification of Diseases and Related Health Problems); and

(6) The name of the CHW or CHR rendering the services.

NEW SECTION

WAC 182-562-0600 Community health workers—Covered services.

The medicaid agency covers the following services when performed by a community health worker (CHW):

(1) Person-centered assessment within their scope of practice including the following:

(a) Identifying personal health goals;

(b) Assessing for physical, mental, behavioral, and social challenges; and

(c) Collaborating with the client to establish health goals;

(2) Care coordination and health system navigation including the following:

(a) Coordinating additional supports or specialty services;

(b) Managing the client's care plan; and

(c) Assisting the client in identifying and accessing resources;

(3) Facilitating behavior change and client self-advocacy including the following:

(a) Promoting client motivation to participate in care and reach person-centered diagnosis or treatment goals;

(b) Teaching techniques for self-monitoring and self-advocacy; and

(4) Health education and promotion including the following:

(a) Helping clients to contextualize health education provided by the client's treatment team with the client's individual needs, goals, and preferences, in the context of the principal illness and/or SDOH need(s) and educating the client on how to best participate in medical decision making; and

(b) Building client self-advocacy skills, so that the client can interact with members of the health care team and related community-based services addressing the principal illness and SDOH need(s), in ways that are more likely to promote personalized and effective diagnosis or treatment.

NEW SECTION

WAC 182-562-0700 Noncovered services. Under this chapter, the medicaid agency does not cover the following services when provided by community health workers (CHW):

(1) Clinical care management services that require a state credential;

(2) Child care;

(3) Chore services, including shopping and cooking;

- (4) Companion services;
- (5) Employment services;
- (6) Enrollment assistance for government programs or insurance not related to improving health;
- (7) Delivery of medication, medical equipment, or medical supplies;
- (8) Respite care;
- (9) Services that duplicate another medicaid-covered service;
- (10) Socialization; and
- (11) Transportation.

SUPERVISING PROVIDERS

NEW SECTION

WAC 182-562-0800 Supervising providers—Provider requirements.

- (1) Under this chapter, a supervising provider must:
 - (a) Be enrolled as a provider with the medicaid agency;
 - (b) Be one of the following licensed practitioners:
 - (i) Health care professional;
 - (ii) Health care entity;
 - (iii) Supplier; or
 - (iv) Contractor of service; and
 - (c) Meet the requirements under chapter 182-502 WAC.
- (2) A supervising provider must also:
 - (a) Understand the specific roles, responsibilities, and scope of practice for CHWs;
 - (b) Provide or facilitate training and professional development for CHWs; and
 - (c) Maintain accurate and thorough records related to supervision, performance, and compliance.

NEW SECTION

WAC 182-562-0900 Supervising providers—Documentation requirements. In addition to the requirements in WAC 182-502-0020, supervising providers must document the following:

- (1) Required supervision records for community health workers;
- (2) Continued education verification and renewal of credentials for professional staff; and
- (3) Consent forms and documentation for screening, assessments, care plans, case conferences, case management, care coordination, and health system navigation for each client.

NEW SECTION

WAC 182-562-1000 Supervising providers—Payment and billing.

(1) The medicaid agency pays for the covered community health worker (CHW) services described in this chapter when they are:

(a) Initiated and referred by a physician or other licensed practitioner of the healing arts, as specified in 42 C.F.R. 440.130 who is the billing provider;

(b) Provided and billed according to the agency's community health worker (CHW) services billing guide; and

(c) Documented in the client's record or chart per WAC 182-562-0900.

(2) The agency pays providers for covered services provided to eligible clients using the agency's published fee schedule.

(3) The agency uses the appropriate payment methodology found in WAC 182-531-1850 for community health worker services.

(4) For children age 20 and younger, providers must follow the rules for the early periodic screening, diagnostic, and treatment (EPSDT) program. See chapter 182-534 WAC. EPSDT is defined under WAC 182-500-0030.