



*REPORT TO THE JOINT STANDING COMMITTEES OF THE GENERAL  
ASSEMBLY*

On Human Services and the Medical Assistance Program Oversight Council

Public Act 23-186, Section 4

Report on the Certified Community Health Worker Reimbursement Program Design

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Andrea Barton Reeves, JD, Department of Social Services

State of Connecticut

Department of Social Services

55 Farmington Avenue Hartford, CT 06105-373

**STATE OF CONNECTICUT DEPARTMENT OF SOCIAL SERVICES**  
**REPORT ON THE CERTIFIED COMMUNITY HEALTH WORKER**  
**REIMBURSEMENT PROGRAM DESIGN**

**JANUARY 2025**

This report is submitted pursuant to subsection (c) of section 4 of Public Act 23-186, which states as follows:

(c) Not later than January 1, 2024, and annually thereafter until the reimbursement program is fully implemented, the Commissioner of Social Services shall submit a report, in accordance with the provisions of section 11-4a of the general statutes, to the joint standing committee of the General Assembly having cognizance of matters relating to human services and the Council on Medical Assistance Program Oversight. The initial report shall be submitted not less than six months prior to the implementation of the reimbursement program. The reports shall contain an update on the certified community health worker reimbursement program design, including, but not limited to (1) an analysis regarding the program elements designed to ensure access to such services, promote workforce growth and avert the risk of creating financial incentives for other providers to limit access to such community health workers, and (2) an evaluation of any impact of the program on health outcomes and health equity.

Section 4 of Public Act 23-186 requires that the Commissioner of Social Services design and implement a program to provide Medicaid reimbursement to certified Community Health Workers (CHWs) for services provided to HUSKY Health program members, including, but not limited to: (1) coordination of medical, oral and behavioral health care services and social supports; (2) connection to and navigation of health systems and services; (3) prenatal, birth, lactation and postpartum supports; and (4) health promotion, coaching and self-management education. The Commissioner and the Commissioner's designees are to consult with certified CHWs, Medicaid beneficiaries and advocates, including, but not limited to, advocates for persons with physical, mental and developmental disabilities, and others throughout the design and implementation of the certified CHW reimbursement program in a manner that: (1) is inclusive of community-based and clinic-based certified community health workers; (2) is representative of medical assistance program member demographics; and (3) helps shape the reimbursement program's design and implementation. The Commissioner, in consultation with CHWs, Medicaid beneficiaries and such advocates, is to explore options for the reimbursement program's design that ensures access to CHWs, encourages workforce growth to support such access, and averts the risk of creating financial incentives for other providers to limit access to CHWs.

The following is the second annual report and outlines the work that has been completed to date by the Department of Social Services (DSS) to design and implement a program to provide Medicaid reimbursement to certified CHWs.

As previously reported, DSS solicited feedback from partnering with the Connecticut Health Foundation (CT Health) and other agencies to identify the most efficient path forward for the creation of a work group. The goals of convening a work group were: (1) to comply with the legislative requirement to consult with certified CHWs, Medicaid beneficiaries and advocates on the design of a CHW program; and (2) obtain feedback and input on various topics related to Medicaid CHW coverage based on the specific expertise of the work group.

Ultimately, DSS partnered with CT Health, which provided technical assistance and funding for the creation of a CHW work group. CT Health secured two facilitators to oversee and manage the CHW work group meetings, in collaboration with DSS. Additionally, CT Health contracted for a researcher to assist with the background materials for group discussions and to draft a report at the conclusion of the work group.

The working group was comprised of 15 members, including 5 CHWs and 10 other individuals representing various organizations, advocates, and Medicaid beneficiaries. A full list of the work group members is contained in the final report that was generated at the conclusion of the work group.

The work group engaged in seven virtual meetings that met for 90-minute sessions on a weekly basis from May 2024 until July 2024. During the weekly meetings, the work group was presented various topics, including, but not limited to, CHW scope of services, roles and responsibilities, safety, health equity, and workforce considerations for discussion. With guidance from the group facilitators, researcher, and advisors from DSS and CT Health, work group members provided their expertise, input, and feedback on the various topics within large and small group discussions.

The work group members' responses and feedback were captured and published in a summary report. A link to the final CHW work group report is at the end of this annual report. The feedback obtained from the work group will be used as DSS continues to evaluate and strategize ways to incorporate the use of CHWs into the Medicaid program, particularly as new Medicaid programs and reimbursement methodologies are developed or redesigned, within available Medicaid appropriations.

In addition to convening the work group and development of the final report, DSS continues work on other program initiatives that currently include, or will include, a CHW component. These programs include, but are not limited to, CHW services provided via the medical administrative services organization, Community Health Network of CT (CHNCT), the Family Bridge pilot project, and the Justice-Involved Population Re-entry waiver.

Consistent with the requirements of Public Act 23-186, DSS will continue to report on the status of the certified community health worker reimbursement program design annually until the program is fully implemented.