

## **COMMUNITY HEALTH WORKER (CHW) AGENCY ADDENDUM**

### **TO THE SOUTH DAKOTA MEDICAID PROVIDER AGREEMENT**

This document serves as a formal addendum to your South Dakota Medicaid Provider Agreement and enables you to become an enrolled Community Health Worker (CHW) Agency.

As a participating Provider, the CHW Agency hereby agrees to the provisions of the Provider Agreement and the following:

#### **A. Definitions:**

1. "Community Health Worker Agency" is an enrolled South Dakota Medicaid provider that employs CHWs to provide CHW Services to eligible recipients.
2. "Community Health Worker" (CHW) is an individual meeting the staffing requirements including the education requirements contained in this addendum, eligibility to participate in federally funded health care programs, and pass a background check. A CHW may be a relative or legal guardian of an eligible recipient if they meet all the CHW Agency's qualifications and training requirements.
3. "CHW Service" is a preventive health service to prevent disease, disability, and other health conditions or their progression for individuals with a chronic condition or at risk for a chronic condition who are unable to self-manage the condition or for individuals with a documented barrier that is affecting the individual's health. The service must be ordered by a physician, nurse practitioner, physician assistant, or nurse midwife and must be related to a medical intervention outlined in the recipient's care plan. Services must be provided by a CHW face-to-face with an eligible recipient.
4. "Eligible Recipient" is an individual with either full South Dakota Medicaid/CHIP coverage or South Dakota Medicaid or CHIP coverage under aid categories 47, 77, or 79. The individual must have a chronic condition or be at risk for a chronic condition and be unable to self-manage the condition or have a documented barrier that is affecting his or her health.
5. "Care Plan" is a written plan specifying the condition that the CHW Service is being ordered for and the duration of the service. A care plan must contain written objectives which specifically address the recipient's condition or barrier affecting their health and list the specific services required for meeting the written objectives. Care plans must be reviewed at least semiannually by the ordering provider.

#### **B. Requirements:**

- 1) The CHW Agency shall comply with all applicable Administrative Rules of South Dakota ("ARSD"), South Dakota Medicaid State Plan requirements, the SD Medicaid Provider Agreement, and this CHW Supplemental Addendum.
- 2) The CHW Agency agrees that CHW Services are reimbursed at the lesser of the agency's usual and customary charge or the established Medicaid fee and are deemed payment in full. South Dakota Medicaid rates are posted online at <http://dss.sd.gov/medicaid/providers/feeschedules/>.

- 3) The CHW Agency is required to maintain documentation and verification demonstrating compliance with all provisions in this Supplement. Verification and documentation must be readily available upon request.
- 4) The CHW Agency must meet the requirements as well as have a Policy and Procedure Manual outlining the minimum written policies on the following topics:
  - a) Abuse, neglect, exploitation and other incident reporting
    - i) The policy must conform to any applicable mandatory reporting laws.
  - b) The CHW Agency and their employees are required to report any suspected abuse or neglect of an eligible recipient to law enforcement within 24 hours.
    - i) The CHW Agency must have a policy and procedure for reporting incidents and occurrences, including possible exploitation, serious injury, missing person, restraint, seclusion, and death.
    - ii) CHW agencies policy must include periodic analysis of reported incidents and the development of a plan to monitor incidents and prevent future incidents.
  - c) Staffing
    - i) The CHW Agency process will include the process utilized to hire individuals qualified to act as a CHW following certification that the individual has completed the Indian Health Service Community Health Representative basic training, a CHW program approved by the South Dakota Board of Technical Education or the South Dakota Board of Regents, or a CHW training program approved by the State.
    - ii) The CHW Agency will check the Office of the Inspector General (OIG)'s List of Excluded Individuals and Entities (LEIE) at <https://exclusions.oig.hhs.gov/> and the System for Award Management (SAM) at <https://www.sam.gov/SAM/> prior to hire and routinely for current employees to ensure the individual has not been excluded from being eligible to receive federal funds. Excluded individuals are not eligible to be a CHW Worker.
    - iii) The CHW Agency must conduct a fingerprint-based criminal background check or other State approved background check to screen for abuse, neglect, and exploitation for all employees hired to work in homes of eligible recipients prior to entering an eligible recipient's home. The CHW Agency must have a policy detailing hiring procedures for someone who comes back with abuse, neglect, or exploitation on their background check.
    - iv) The CHW Agency will not hire an individual meeting any of the following criteria unless a request is made to DSS to have the findings reviewed further to determine if an exception should be allowed:
      - (1) A crime of violence as defined by SDCL 22-1-2 or a similar statute from another state;
      - (2) A sex crime pursuant to SDCL chapters 22-22 or 22-24A or SDCL 22-22A-3 or similar statutes from another state;
      - (3) Within the preceding five years, a conviction for any other felony;
      - (4) Misdemeanor convictions related to fraud, theft, embezzlement, breach of fiduciary responsibility, or other financial misconduct;
      - (5) Any convictions, including any form of suspended sentence, for perjury or fraud related charges;
      - (6) Conviction related to obstruction of a criminal investigation.
    - v) The CHW Agency is responsible for the oversight of staff including CHW who are relatives/legal guardians of the eligible recipient in the completion of their assigned tasks.
  - d) Staff Training

- i) The staff training policy which includes identification of the processes and timelines for new staff orientation and annual staff training. Policy should also include record retention timelines and how long staff training documentation will be kept.
  - ii) The CHW Agency must provide a new Employee Orientation to each new employee before the employee enters an eligible recipient's home unsupervised.
  - iii) Each CHW must receive a minimum of 6 hours of training annually, at least three of these hours need to be continuing education in the area of public health, chronic disease self-management, cultural competency, disease prevention.
  - iv) The CHW Agency must maintain a training record for each CHW, records must include the date, length, and topic of each training completed.
  - v) The CHW Agency must provide training on mandatory reporting laws to staff upon hire, prior to entering an eligible recipient's home and annually thereafter.
  - vi) The CHW Agency training must provide CHW and other staff training on the eligible recipient rights and responsibility policy upon hire, prior to entering an eligible recipient's home and on an annually thereafter.
  - vii) The CHW Agency must educate employees on the scope of services policy upon hire, prior to entering an eligible recipient's home and annually thereafter.
- e) Intake/Admission
- i) The intake/admission process must include the provider's process for reviewing and accepting referrals from ordering providers as well as the process to ensure CHW Services will begin in a timely manner.
  - ii) The CHW Agency is expected to consider all referrals but may turn down a referral due to safety concerns, unavailability of staff, or inability to serve the eligible recipient's need. The reason for a referral that are turned down will be documented in the recipient's record.
- f) Discharge
- i) When the CHW Agency determines services to an eligible recipient must be discontinued by their agency the CHW Agency must provide 30 days advance written notice prior to the discharge date, unless the eligible recipient's home constitutes an unsafe environment for provider staff and/or the eligible recipient.
  - ii) The policy will include the discharge reasons.
  - iii) Any discharge must specify the reason for discharge and shall be documented in the recipient's records.
- g) Eligible Recipient Confidentiality
- i) The confidentiality policy must include specifics on maintenance of recipient records, transmission of personal recipient information and confidentiality practices by staff.
- h) Recipient Rights and Responsibilities
- i) The CHW agency must have a policy outlining recipients rights and responsibilities. The policy must include requirements for providing a copy of the recipient's rights and responsibilities to the recipient prior to the start of CHW services in the home, in a format that is accessible for the recipient.
- i) Documentation

- i) The documentation policy must outline how CHWs document each interaction with an eligible recipient.
  - ii) Documentation must be kept for each eligible recipient.
  - iii) Documentation can be kept in written or electronic form and must be easily accessible upon request.
  - iv) Documentation must include, at a minimum, the type of service performed including whether it was an individual or group service; a summary of services provided including the objectives in the care plan the service is related to; the eligible recipient receiving the service; the number of group members if a group service was provided; the date of the service; the location of service delivery; the time the service begins and ends; the name of the individual providing the service; and the signature of the individual providing the service.
- j) Emergency Response
- i) "Emergency" is a situation that is sudden, generally unexpected, and demands immediate attention.
  - ii) When a CHW is in an eligible recipient's home and an emergency occurs, the CHW must call 911 immediately.
- k) Health and Safety including Universal Precautions
- i) The policy must include detail on the use of universal precautions.
- l) Quality Assurance
- i) The written quality assurance and improvement plan must detail all activities conducted by the CHW Agency to ensure quality service provision.
  - ii) The CHW Agency must also specify how the CHW Agency will discover, fix, and report problems.
- m) Eligible Recipient Grievances
- i) The eligible recipient grievance policy must be provided to the recipient prior to the start of CHW services. The policy must include how the eligible recipient is notified of the grievance policy, where grievances are reported and the process for addressing and resolving eligible recipient grievances and feedback.
- n) Gifting Policy
- i) The gifting policy must detail the CHW Agency's expectations and prohibitions for staff accepting gifts from eligible recipients.
  - ii) Per ARSD 67:16:01:07 payment by South Dakota Medicaid is considered payment in full for CHW Services. No additional charges may be made to the eligible recipient, family, or friends for covered services.
- o) Scope of Services
- i) The CHW Agency must have a written policy regarding the scope of services a CHW may provide.
  - ii) The policy must prohibit CHW from providing services that require a license.
  - iii) CHW and CHW agencies are not allowed to charge eligible recipients for noncovered services.

**TO BE COMPLETED BY PROVIDER**

I declare and affirm under the penalties of perjury that this Agreement has been examined by me, and to the best of my knowledge and belief, is in all things true and correct. I further declare and affirm under the penalties of perjury that any claim to be submitted pursuant to this Agreement will be examined by me, and to the best of my knowledge and belief, will be in all things true and correct.

PROVIDER NAME: \_\_\_\_\_  
(Legal Name of Organization)

BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
Authorized Signature

NAME: \_\_\_\_\_ APPLICATION ID: \_\_\_\_\_  
(Printed Name of Signatory) (Complete only if new application)

BILLING NPI: \_\_\_\_\_

ENROLLMENT TYPE: FAOIP \_\_\_\_\_ Tribal/IHS \_\_\_\_\_  
(Check one type, found on enrollment record)

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**TO BE COMPLETED BY MEDICAL SERVICES**

POLICIES & PROCEDURES APPROVED BY: \_\_\_\_\_

REFERENCE NUMBER: \_\_\_\_\_

DATE: \_\_\_\_\_ NEW \_\_\_\_\_ REVALIDATION \_\_\_\_\_