



June 10, 2025

Brittany Church
Executive Office of Health and Human Services
3 West Rd.
Cranston, RI 02920

VIA ELECTRONIC MAIL – Brittany.Church@ohhs.ri.gov

Re: EOHHS Proposed Amendment to the RI Medicaid State Plan - billing practices for
Community Health Workers

Dear Ms. Church and the Executive Office of Human Services:

Thank you for the opportunity to respond to the Notice of Proposed Amendment to the RI State Medicaid State plan with respect to Community Health Workers (CHWs).

Legal Key Partnership for Health and Justice (Legal Key)'s mission is to create access to legal knowledge for health and social service sectors and empower those communities to use legal problem-solving to improve wellbeing. Through education, workforce consultation support, public resource development, and social care program design, Legal Key impacts systems, care professionals, and the individuals they serve. Formerly called MLPB, Legal Key is credited as the first medical-legal partnership in the country and today partners with health and social care systems in Rhode Island and Massachusetts.

Legal Key helps partners address families' most basic health-harming legal needs including housing, income supports, personal and family safety, and education. Legal Key has had the pleasure of working with Rhode Island based care teams, many of whom included Community Health Workers. In 2024, Legal Key consulted on 479 questions from RI partners and provided 23 trainings.

Legal Key operates under the 501(c)(3) umbrella of Third Sector New England, Inc., a national non-profit that builds the leadership and effectiveness of individuals, groups and nonprofits to support a more just and democratic society.

As an organization operating at the forefront of social care, we open our comments first with a reminder of the need and the importance for Community Health Workers (CHWs). CHWs play a critical role in advancing better health outcomes by connecting underserved communities with essential care and addressing the environmental and social factors that cause poor health. Evidence shows that CHWs unique community-based approach has improved health outcomes for [specific diseases](#), [reducing emergency department utilization](#), [reducing caregiving stress](#),



[improving patient health literacy](#), and [saving Medicaid dollars](#). A [2024 evaluation by the Rhode Island Department of Health](#) study of the impact of specialty-trained CHWs on patients with cardiovascular disease (CVD) and diabetes mellitus (DM) found that patients who received support from CHWs with specialized training in CVD/DM showed increased confidence in managing their chronic conditions.

Rhode Island CHWs – both those based at a health care clinic and those based in a social service agency – have been instrumental in preventing poor health outcomes by enhancing access to care, addressing social and economic barriers to health, and offering expert systems navigation. Targeted allocation of CHW resources to specific patient populations also provides tailored responses that meet individual and community needs. RI’s commitment to creating a sustainable CHW workforce is the investment that addresses a long-known truth, namely that an individual’s zip code influences people’s health outcomes as much – if not more – than their genetic code. CHWs respond to the place-based harms that hurt patient health in ways that are not addressable through traditional medicine. In understanding and acting on the connection of community, environment, and the health care system, CHWs ensure patients can access the flexible and holistic supports required to address the complex causes of poor health.

Legal Key is deeply concerned that the proposed amendment would upend the ability for CHWs to operate within our health care and social care system. The current proposed amendment would create new administrative burdens for CHWs reimbursed by Medicaid to conduct their work. Requiring licensed practitioners of the healing arts to (a) determine if CHW services are medically necessary, (b) prescribe or order CHW services and (c) review “continued medical necessity” every six months creates additional demands on a workforce already at capacity.

The proposed amendment also makes key aspects of CHW work ineligible for Medicaid reimbursement. For example, under the proposed amendment, CHWs could only provide “health promotion and coaching” to individuals with a “diagnosed condition”, rather than provide assessments and screening for peoples’ barriers to health (referred to as “health related social needs”. For many patients, arriving at a conclusive diagnosis can be complicated by lengthy testing processes, long waiting times for said tests, insurance denials, and the general primary care provider shortage. If CHWs could be permitted to screen, they can provide important health-promoting information while they wait for a diagnosis. Limiting CHWs ability to do work for those who have received a diagnosis creates a lost opportunity both to act proactively and to mitigate a patient’s health harms.

Further, the proposed amendment would no longer cover care planning, an essential part of what CHWs do on behalf of the people they serve. Care planning is the interdisciplinary space in healthcare where care teams address the nexus of a patient’s poor health and challenging personal and economic circumstances. Take the example of a patient who is recently diagnosed with cancer but is facing eviction because they can no longer work. This patient needs a care



team member that understands not only the health impacts of the diagnosis and treatment but also has knowledge and resources to address housing insecurity, employment and federal disability benefits so that this patient has the best chance to heal and recover from cancer. A CHW has the qualifications and experience to best support a patient with both the complex medical and non-medical needs.

Finally, RI has been a national leader in supporting the professionalization of Community Health Workers. The fairly recent development to expand Medicaid reimbursement to CHW work reflects the fine work of RI CHWs to improve the health and well-being of Rhode Islanders. The current amendment would only undermine this progress. It's a regressive step that unfairly penalizes CHWs at large rather than offering more support to ensure that Medicaid billing is appropriately conducted. EOHHS could instead offer additional technical assistance to billing sites, CHW training, and incentives.

With all of this in mind, we respectfully ask EOHHS to reconsider their proposed amendments so that Rhode Islanders may still continue to reap the benefits of CHW support.

Sincerely,

Jeannine Cassleman, Esq.

Law and Policy Director
Legal Key Partnership for Health and Justice