Public Comments received for
SPA 26-0006 - Community Health Worker Services

Comments have been incorporated into an accessible format in order to comply with the U.S. Department of Justice rule requiring state websites to meet the World Wide Web Consortium's Web Content Accessibility Guidelines (WCAG) 2.1 Level AA (28 CFR Part 35). The comments have been copied, and the content remains unaltered.

Public Comment #1

Received via email from:

Kathy Chan
Director of Policy
Cook County Health
Professional Building 1950 W. Polk Street Chicago, IL 60612
O: 312-864-1152
M: 312-882-7046
E: kchan5@cookcountyhealth.org

COOK COUNTY HEALTH
Accessible. Exceptional. For AIL

May 5, 2026

Elizabeth Whitehorn
Director
Illinois Department of Healthcare and Family Services
401 S. Clinton
Springfield, IL 60607

Dear Director Whitehorn,

Thank you for the opportunity to submit comments on the addition of Community Health Workers (CHWs) as a new Illinois Medicaid provider.

Cook County Health has a nearly two-century history of providing high-quality health care to all who need it, regardless of background or ability to pay. The majority of Cook County Health patients are covered by Medicaid, and we continue to serve many uninsured/underinsured patients.

Cook County Health strongly supports the addition of Community Health Workers (CHWs) as a Medicaid billable provider. Based on our experience of working with and employment of individuals who provide many of the services included in the HFS notice, CCH is providing the following recommendations to ensure that the talents and expertise of CHWs best serves Medicaid enrollees and supports improved health outcomes.

Billable Services

The HFS notice notes that the following services provided by CHWs will be covered: "health promotion and education, health system navigation and resource coordination, and nonclinical screening and assessment to identify health-related social needs and barriers to care for individuals with chronic health conditions, risk factors and other health needs".

CCH recommends and clarifies that following also be covered:

- Social determinants of health assessments and navigation/connection to these services, including but not limited to employment, housing, violence prevention/intervention, utility assistance, and transportation.
- Education, outreach, enrollment/re-enrollment for Medicaid, and other public benefits that support health, including but not limited to SNAP, WIC, and cash assistance.
- Medical navigation services should include but not be limited to making/rescheduling appointments, referrals to specialty clinics, assistance with transportation to/from appointments, understanding benefits, and obtaining supplies and medication refills.
- Positions that provide CHW covered services but may have a different job title (e.g. Community Resource Navigator) should be eligible to bill for services.

Additionally, given that "community" is in the name of CHWs, it will be critical for CHWs to provide billable services *outside* of traditional health care settings, including in the community, at the home of patients, and through virtual visits including those that may be telephone-only.

Billing Structure

Given that many CHWs currently work for non-Medicaid billing organizations, including nonprofits that have limited capacity for billing infrastructure, we encourage HFS to set up CHW billing that allows CHWs to partner with or bill through existing Medicaid billable providers/entities.

We recommend that CHWs be able to bill in 15-minute increments, or bill for an initial 30-minute session with 15-minute add-ons. Alternatively, the fee structure can also be broken down into an initial needs assessment with follow-up sessions. Additionally, we recommend that the CHW fee schedule consider higher rates for group education, with tiered rates based on the number of group members.

We encourage HFS to provide clarity on whether CHW services provided by other non-clinical Medicaid provider types that are also able to bill Medicaid, including but not limited to doulas and home visitors, will be able to bill for CHW services. Additionally, given that CHWs play an important role today in health systems, public health departments, and community organizations, we encourage HFS to grandfather existing CHWs and allow them to enroll in and bill Medicaid even if they do not meet new certification requirements. We suggest that this grandfathering provision either be permanent or at least for one year from the effective date of Medicaid billing authorization.

Finally, since many organizations that already employ CHWs use a variety of public and private grant funds to support this work currently, it would be helpful for HFS to provide clarity, as well as take the lead on messaging across state agencies, on how organizations can bill for CHW services while they also receive government grants.

Again, thank you for the opportunity to comment. Cook County Health looks forward to the incorporation of Community Health Workers into the Illinois Medicaid program.

Erik Mikaitis, MD, MBA
Chief Executive Officer

Public Comment #2

Received via email from:

Bonnie Ewald, MA
Managing Director, Center for Health and Social Care Integration
Manager of Strategic Development and Policy, Social Work and Community Health Assistant Professor,
Department of Social Work - College of Health Sciences
Rush University Medical Center | 710 S Paulina St., Suite 316B; Chicago, IL 60612
Desk: (312) 563-1569 | G. Voice: (872) 903-3848 | bonnie_ewald@rush.edu | Pronouns: she/her/hers www.chas
Note: I do not work Mondays

Bureau of Program and Policy Coordination
Division of Medical Programs
Healthcare and Family Services
201 South Grand Avenue East
Springfield, IL 62763-0001

Re: Proposed Changes in Methods and Standards for Establishing Medical Assistance Payment Rates

May 9, 2026

To whom it may concern in the Bureau of Program and Policy Coordination:

Thank you for the opportunity to submit comments in support of the proposal by the Department of Healthcare and Family Services (HFS) to add coverage of Community Health Worker (CHW) services delivered by certified CHWs. These comments are submitted on behalf of the Center for Health and Social Care Integration (CHaSCI), a training and policy center working to expand access to high-quality social care.

Housed at Rush University Medical Center and carried out in collaboration with diverse local and national partners, CHaSCI advocates for workforce development and funding streams for care coordination and social care, guided by learnings from Rush's on-the-ground services and programs working to improve health and health equity for the communities we serve on the west side of Chicago and beyond. As part of this, CHaSCI co-leads two national coalitions that seek to advance funding pathways for social work services and for whole-person care – advocating for Medicare to cover team-based services such as chronic care management, behavioral health integration, and more recently, community health integration (CHI) and principal illness management (PIN). At the same time, we raise awareness of the new opportunities and considerations for implementation, test them out in diverse practice settings, and provide continual feedback to policymakers around implementation challenges.

Our team at Rush has implemented several of these codes with the Medicare fee-for-service population in select Rush care settings, including our home-based primary care team which includes a CHW, and we are actively planning for implementation of Medicaid developments for certified CHWs when they are available. The team at Rush has also been an active participant in Wellness West, a HFS-funded Healthcare Transformation Collaborative. In this initiative, CHWs have played important roles in providing health education to support disease management, navigating resources to address health-related social needs in connection to primary care, engaging patients in the emergency department, and facilitating handoff to primary care and behavioral health service providers. The primary care supports have been important for patient health outcomes because they allow team members dedicated time to focus on patient priorities around managing health conditions, including health literacy – which are not always able to be addressed with the existing screening and care management services supported via Medicaid and Medicaid managed care plans.

We appreciate HFS's work to implement the IL Health Care and Human Service Reform Act by proposing for Medicaid to cover health promotion and education, health system navigation and resource coordination, and non-clinical screening and assessment to identify health-related social needs and barriers to care for individuals with chronic health conditions, risk factors and other health needs. We encourage the final approach to include:

- Utilization of Medicare-recognized Community Health Integration (and potentially Principal Illness Navigation) codes, which cover 60+ minutes of activities that align with HFS's stated goal to cover CHW-delivered health system navigation and resource coordination, and non-clinical screening and assessment to identify health-related social needs and barriers to care for individuals with chronic health conditions, risk factors and other health needs. This would ease implementation because many organizations are already beginning to leverage CHI and PIN codes for Medicare populations. Of note, these codes are structured by Medicare to be billed by a clinical provider (e.g., MD, LCSW) and to include the work of both the billing provider and "auxiliary personnel" working on the team, which may differ from HFS's vision for implementation of CHW services.
- We encourage HFS to recognize pathways for reimbursing both individual-level and group-level services. For instance, Rush CHWs lead and co-lead health education workshops, including evidence-based ones recognized by the federal Administration on Community Living, which includes both group work to facilitate the workshops themselves as well as individual-level work to engage and address barriers to attendance. Reimbursement for CHW time delivering health education to Medicaid beneficiaries via these workshops will support access to and sustainability of these programs across the state.
- Please clarify how practice location may influence CHW billing and if there are any face-to-face expectations or telehealth considerations. For example, we have CHWs delivering services:
    - On campus at Rush
    - in the patient's home
    - in mobile outreach / shelter settings
    - at school-based health centers
    - at community-based nonprofit partners
    - at community health fairs
    - through Rush-based and telephonic engagement

    We request clarification on whether any distinctions or restrictions around place of service are anticipated.
- We are curious how Medicaid plans will recognize CHW services and whether they will be bundled in with existing care management contracts with Medicaid providers and/or separately negotiated services with CHW employers and networks. We encourage HFS to outline expectations for managed care oversight, including network adequacy and access to CHW services.
- Please clarify what documentation requirements will be, both for the CHW and the referring provider, to ensure consistent implementation and to facilitate implementation planning.

Thank you for your consideration of these comments as you finalize your implementation of this important policy for the state of Illinois. Please reach out with any clarifications on our comments.

Sincerely,

Bonnie Ewald, MA
Managing Director, Center for Health and Social Care Integration
Manager of Strategic Development and Policy, Social Work and Community Health
Assistant Professor, Department of Social Work - College of Health Sciences
Rush University Medical Center
710 S Paulina St., Suite 316G
Chicago, IL 60612
(872) 903-3848 | bonnie_ewald@rush.edu
www.chasci.org

Public Comment #3

Received via email from:
Lindsay Wagahoff
Director of Government Relations 3100 Montvale Dr.
Springfield, IL 62704
217-525-1406 – Office
Email: lwagahoff@isds.org
Illinois State Dental Society, a state association of the ADA
www.isds.org

April 30, 2026

Bureau of Program and Policy Coordination
Division of Medical Programs
Healthcare and Family Services
201 South Grand Avenue East
Springfield, IL 62763-0001

Subject: Dentist Referral and Community Health Worker

To Whom It May Concern:

The Illinois State Dental Society (ISDS), representing over 6,000 Illinois dentists, is writing to respectfully request that the Illinois Department of Healthcare and Family Services (DHFS) include licensed dentists, as one of the medical providers that can refer patients to a Community Health Worker (CHW).

It is our understanding that DHFS is considering limiting the providers that would be able to refer to a CHW to the following: medical physicians, physicians' assistants, and advanced practice nurses. Thus, excluding a dentist, as a healthcare provider and physician, who could refer to a CHW.

Oral health is essential to overall health. Oral health is directly connected and can have significant impacts on an individual's healthcare. For example, if an individual is diabetic, there is an increased risk to harmful bacteria that can cause cavities and gum disease. A diabetic patient needs proper oral health care to reduce the risk of cavities and gum disease. Thus, demonstrating the connection of oral health and overall health.

Dentists play an integral role in the healthcare of a patient. Excluding dentists from being able to refer to CHWs, further limits the patients' access to navigation services in their communities that could help the patient obtain the oral health care services they need. For example, a patient visiting the dentist may need assistance finding transportation services, social services, translation services, and/or other services the patient may need in their community.

Illinois would not be the only State to have allowed dentists to refer to CHWs. For example, in 2024 the State of California started allowing dentists to refer to CHWs and had great success with this program. In California, CHWs have been able to assist patients navigate access to oral health care, oral-health social needs, transportation services, and translation services.

Thank you for the opportunity to comment on this matter. If you have any questions or would like to discuss further, please contact Lindsay Wagahoff, ISDS Director of Governmental Relations via phone at (217)- 525-1406 or via email at lwagahoff@isds.org. Thank you for your time and consideration on this issue.

Sincerely,

[redacted]

Dr. John Kozal
Illinois State Dental Society President

Public Comment #4

Received via email from:

From: Sayad, Judith Virginia
To: HFS.BPPC
Subject: [External] Public Comment period re: CHW reimbursement
Date: Tuesday, April 21, 2026 11:12:05 AM

ENACT would like to publicize this public comment period. I can't find the text that should be used when making comments. I might have misread your email or your PDF but I want to make sure that I send out useful information.

Judith Sayad
UIC School of Public Health & Illinois AHEC
773-934-2898
https://ilahec.uic.edu/