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COORDINATED CARE
ORGANIZATION

Eastern Oregon Coordinated Care Organization

Traditional Health Worker Quick-Start and Billing Guide

2024

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About this guide

The Eastern Oregon Coordinated Care Organization (EOCCO) understands and recognizes the importance of supporting and integrating Traditional Health Workers (THWs) in their training, certification, and work. In many communities throughout EOCCO's service area, THWs play a pivotal role in providing essential health information, health-related services and care coordination, often deeply rooted in cultural practices and personal, local knowledge. Recognizing the invaluable contributions of THWs and the need to support their efforts, this quick-start guide has been developed.

In accordance with an increasing number of THW Providers in EOCCO's service area and interest in billing for THW services, EOCCO has created a Quick-Start THW Guide for individual THW providers and organizations to learn the requirements for working, documenting, and billing for their rendered services.

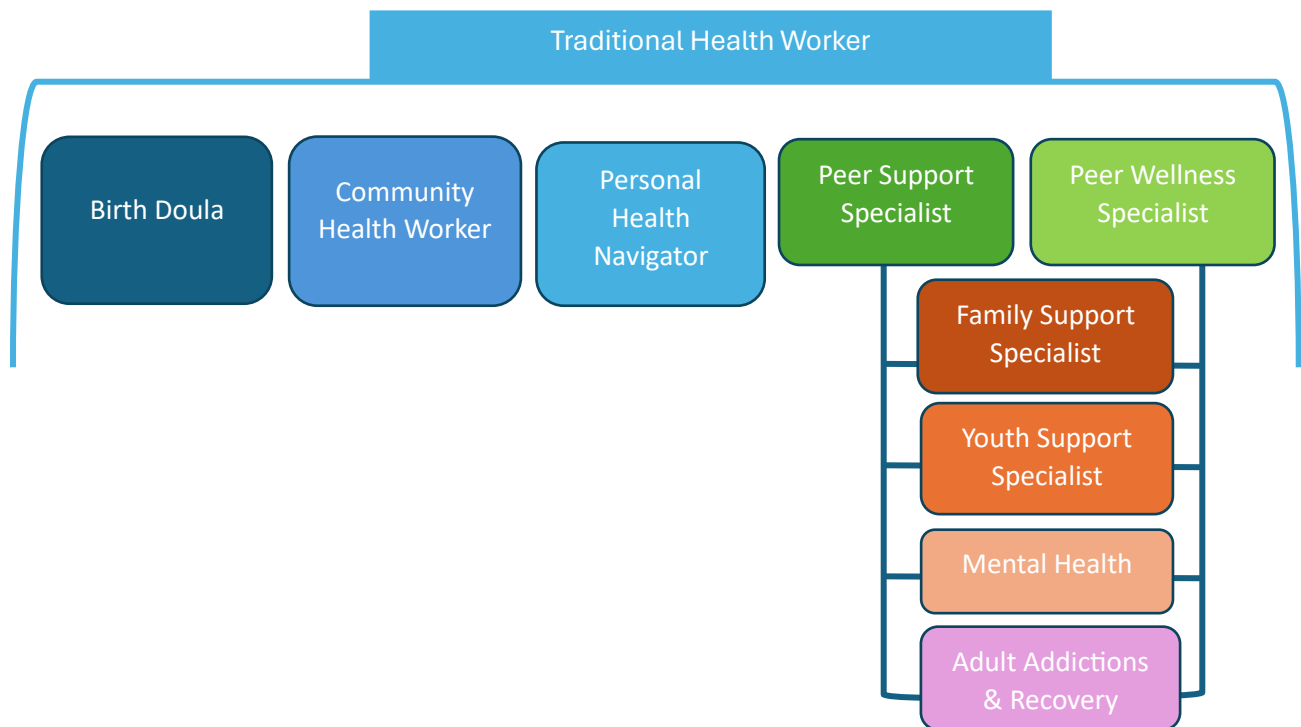
The guide provides comprehensive support and resources tailored to the unique needs of THW providers and employers in EOCCO's service area. By offering accessible information and practical tools, the guide aims to enhance the capacity to THWs to deliver services within their communities while offering a step-by-step process for employers to support THW work.

For questions about the guide or further individual support, please contact THW@eocco.com.

Traditional Health Worker basics

Types of Traditional Health Workers

“Traditional Health Worker” is an umbrella term used to describe professionals who provide health resources and health-related services to individuals in the communities they live and work in. Traditional Health Workers (THWs) are trained and specialized professionals, often with lived experience in their area of specialty. There are five types of THWs, and specialties within those five types. Each THW type hold distinct roles and responsibilities in their work, as described below:



Birth Doulas: A birth companion that provides personal, nonmedical support to a birthing person and families during pregnancy, childbirth, and postpartum experience.

Community Health Workers (CHW): A front-line public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the worker to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery.

Peer Support Specialists (PSS): An individual with shared lived experience with substance use and/or mental health that provides supportive services to a current or former consumer of mental health or addiction treatment.

- **Adult Addictions:** A person in addiction recovery with two years of abstinence that provides support services to people seeking recovery from addiction.
- **Adult Mental Health:** A person with lived experience of mental health that provides support services to other people with similar experiences.
- **Family Support Specialist (FSS):** A person with experience parenting a child or youth that has experience with substance use or mental health who supports other parents with children or youth experiencing substance use or mental health.
- **Youth Support Specialist (YSS):** A person with lived experience with substance use or mental health treatment that also had difficulty accessing education, health or wellness services and provides support services to people under thirty (30) years of age.

Peer Wellness Specialists (PWS): an individual that has lived experience with a psychiatric condition (s) plus intensive training that works as part of a person-driven, health home team, integrating behavioral health and primary care to assist and advocate for individuals in achieving well-being.

- **Recovery:** A person in addiction recovery with two years of abstinence that provides support services to people seeking recovery from addiction.
- **Mental Health:** A person with lived experience of mental health that provides support services to other people with similar experiences.
- **Family Support Specialist:** A person with experience parenting a child or youth that has experience with substance use or mental health who supports other parents with children or youth experiencing substance use or mental health.
- **Youth Support Specialist:** A person with lived experience with substance use or mental health treatment that also had difficulty accessing education, health or wellness services and provides support services to people under thirty (30) years of age.

Personal Health Navigators (PHN): An individual that provides information, assistance, tools, and support to enable a patient to make the best health care decisions. Also known as Patient Health Navigators (NAV).

THW training requirements

THWs must have appropriate training or work experience for their respective roles. Each THW type has different training requirements, available on OHA's website. Additionally, individuals can obtain certification via the Legacy Clause if they have worked in a capacity similar to the type they aim to certify in for a minimum of 3,000 hours. Additional and specific requirements can be found on OHA's THW webpage at <https://www.oregon.gov/oha/ei/pages/thw-training-programs.aspx>.

In addition to OHA's required trainings, All THWs (volunteer and paid) must attend orientation specific to their responsibilities and complete orientation training through their employer.

Further, all THWs (volunteer and paid) must receive training on Electronic Health Records (EHRs) for the purpose of documenting member encounters in a timely, treatment, and member-centered way, specific to the provider in which they are located. Employers are responsible for appropriately training THWs in EHRs specific to their or their organizational needs.

In order to obtain and maintain employment as a THW, all THWs must:

- A. Attend qualifying training approved by OHA within 30 days of hire.
- B. Register with The Office of Equity and Inclusion
- C. Maintain certification with The Office of Equity and Inclusion
- D. Maintain Standards of Professional Conduct as per [OAR 950-060-0080](#).

THWs who do not maintain certification as a THW for their specific THW type are not eligible for employment as a THW or to bill EOCCO for rendered services.

Steps to certification

All THW types must follow the same steps to become a certified THW and a Medicaid provider. These steps must be completed before billing EOCCO for rendered services. To become a billable provider, THWs must:

1. Complete an approved training program *or* Legacy pathway through the Oregon Health Authority (OHA)

- a. Please refer to the specific THW type section in this guide for a detailed description of training requirements.
- b. To review a list of OHA-approved training programs, refer to OHA's [Approved THW Programs](#) page.

2. Certify as a THW through OHA

- a. Complete and submit the OHA THW Application through the Health Workforce Registry (<https://healthworkforceregistry.oregon.gov/>)
 - A. *Note:* The Health Workforce Registry launched 04/01/2024. OHA will only accept new THW applications through this site.
- b. Complete and pass a background check.
 - A. Background is conducted by the state at no cost to the applicant.
 - B. Applicants must provide relevant information (through email) within (14) days of request of information.
- c. Get fingerprinted. PWS and PSS THW types and individuals are subject to getting fingerprinted during their background check.
- d. Applicants who are denied certification may appeal their decision.

3. Obtain a National Provider Identification (NPI) number

- a. Use the taxonomy code appropriate to your THW type, as follows:

- A. Birth Doula: 374J00000X
- B. Community Health Worker: 172V00000X
- C. Peer Support Specialist: 175T00000X
- D. Peer Wellness Specialist: 175T00000X
- E. Personal Health Navigator: N/A
- b. Apply for an NPI at <https://nppes.cms.hhs.gov/#/>
- c. For a step-by-step overview, visit NPPES' guide at [https://nppes.cms.hhs.gov/assets/How to apply for an NPI online.pdf](https://nppes.cms.hhs.gov/assets/How_to_apply_for_an_NPI_online.pdf)

4. Enroll as an Oregon Medicaid provider

- a. All THWs must complete the [OHP 3113 Form](#) and submit it to OHA
 - A. For THWs interested in contracting with EOCCO, THWs may fill out the [OHA Managed care plan provider application through EOCCO](#) on EOCCO's website instead.
- b. THWs must use Provider Type 13 ("Traditional Health Worker") and the specialty code specific to their THW type. **Note:** This code is different than provider taxonomy. Refer below to specific THW types for provider code(s).
 - A. Birth Doulas: 600
 - B. Community Health Workers: 601
 - C. Peer Support & Peer Wellness Specialists:

<i>Specialty Type</i>	<i>PSS Code</i>	<i>PWS Code</i>
Adult Addictions	604	608
Adult Mental Health	605	609
Family Support Specialist	606	611
Youth Support Specialist	607	610

- D. Personal Health Navigators: N/A

5. Become an Independent Contractor with EOCCO (*optional*)

- a. While this is an optional step, it is highly recommended that THWs enroll as an EOCCO Independent Contractor for a streamlined billing process and other benefits.

Employing THWs

The organization employing a THW is responsible for verifying THW certification and required elements, as described below.

THWs must meet criteria of the following worker types: Community Health Worker, Peer Support Specialist, Adult Addictions PSS/Recovery Peer, Adult Mental Health PSS/Mental Health Peer, Family Support Specialist, Youth Support Specialist, Peer Wellness Specialist, Personal Health Navigator, and Birth Doula; and

- A. Be 18 or older;

- B. Pass a criminal background check;
- C. Pass a Driving Records check;
- D. Submit Volunteer Application (volunteers only); and
- E. Comply with [OAR 950-060-0030](#); [OAR 950-060-0040](#); [OAR 950-060-0050](#).

Required THW supervision

All THWs working as EOCCO contractors, working within EOCCO's service region, under a partner organization of EOCCO, or billing EOCCO for services must follow supervision requirements. Supervision includes, but is not limited to the following:

All THWs must receive clinical supervision by a qualified clinical supervisor. Qualified clinical supervisors must understand THWs and the THW type scope of practice. Qualified clinical supervisors include, but are not limited to, physicians, certified nurse practitioners, physician assistants, dentists, dental hygienists with an expanded practice permit, Ph.D. psychologists, Psy.D. psychologists, speech language pathologists, licensed clinical social workers and licensed professional counselors. Community Health Workers must be supervised by a licensed medical practitioner, as noted previously.

THWs must work within their scope of practice, independent of their supervisor's own scope of practice. Additionally, a THW's supervisor's scope of practice must be within a THW's scope of practice. For example, a THW with a physician supervisor is not permitted to take a patient's blood pressure (since it is outside of the scope of their role) but is permitted to discuss blood pressure management options.

All Peer Support Specialists (PSSs) must receive peer-to-peer coaching on a regular basis. At least one hour per month of supervision must be provided by a qualified Peer Delivered Services Supervisor, as resources are available. Youth and Family PSS are supervised by the EOCCO Peer Supervisor.

All THWs (CHW, PSS, PWS, PHN, & Birth Doula) have the option to join a monthly THW Collaborative hosted and facilitated by EOCCO's THW Liaison. These meetings offer THW supervision, reflection, updates, and community-building opportunities. Interested THWs should email THW@eocco.com for an invitation. PSS and PWS, and supervisors of peers, also have the option to join bi-weekly meetings specific to their THW type.

THW supervision competencies & skills

Although EOCCO does not have formal requirements for THW supervision, it is highly recommended and encouraged to appoint supervisors who hold specific competencies and skills, as outlined in the following.

THW supervisors should possess several recommended qualities listed below:

- A. Experience as a THW, preferably of the same THW worker type
- B. Member of the community being served.
- C. Understand, value and respect the role of THWs and the life experience they bring to their roles.
- D. Creativity
- E. Supportive/mentor-coach mindset
- F. Non-judgmental
- G. Flexible
- H. Patient
- I. Active, reflective listener
- J. Team-oriented
- K. Willingness to grow, change and learn
- L. Availability to meet the individual needs of the worker

THW Supervisors should possess or strive to obtain the recommended skills:

- A. Problem-solver (able to identify and resolve problems before they grow)
- B. Able to create a safe environment
- C. Conflict resolution/mediation skills (able to resolve conflicts in a productive rather than a punitive way)
- D. Organizational skills
- E. Documentation skills
- F. Proactive (able to take appropriate action when needed)
- G. Communication skills
- H. Ability to stay present and practice both self and community care
- I. Use one's lived experience to effectively navigate structurally unjust barriers and/or policies as a way to advocate on behalf of traditional health workers
- J. Ability to practice shared leadership
- K. Ability to remove organizational barriers that limit the effectiveness
- L. Ability to find resource for THW job continuity and advocate for program sustainability.
- M. THW Supervisor Knowledge
- N. THW Supervisors possess the recommended knowledge or strive to become knowledgeable in the following areas:
 - a. Awareness of THW certification and other THW types, in order to promote coordination
 - b. Have an equity and empowerment lens
 - c. Awareness of different systems, such as, coordinated care organizations, local health departments, and community-based organizations.
 - d. Familiar with the full range of THW roles and the social-ecological model
 - e. Knowledge about the community or communities of focus
 - f. Understanding of historical trauma, vicarious trauma, and trauma-informed care

Birth Doulas

Birth Doulas support pregnant people during prenatal, delivery, and postpartum periods. Evidence shows that having the support of a doula improves birth outcomes. EOCCO covers doula support once per pregnancy for any person whose benefit package covers labor and delivery.

Scope of practice

Birth Doulas should only provide services within their scope of practice. For services outside of their practice, refer to other THW or provider types, or contact the Traditional Health Worker Liaison at THW@eocco.com.

- a. Care Coordination System: Coordinate with involved systems of care; assist with referrals; assist with the creation of birth plans; connect people to health and/or social service resources.
- b. Outreach and Direct Service: Provide anticipatory guidance before, during and after birth; support member informed decision-making; outreach; physical support and comfort measures during childbirth.
- c. Coaching and Social Support: Assist with transitions between providers and phases of care; referral to social service and/or community resources; assess social networks and support.
- d. Advocacy, Organizing and Cultural Mediation: Serving as a cultural liaison; mediate for member's needs before, during and after birth; advocate for health promoting policy and practices.
- e. Education: Increase perinatal health literacy; support stress management; Share culturally appropriate and accessible health education and information.
- f. Assessment, Evaluation and Research: Participate in individual and community-level assessments; Participate in evaluating Doula services and programs; document and track individual data; participate in research.

Certification & provider enrollment

To become billable providers through Oregon Medicaid and EOCCO, individuals must be an OHA-certified Birth Doula, and enrolled through Oregon Medicaid. For certification steps, please refer to the training requirements (below) and the and the Steps to Certification sub-section on pages 7-8 of this guide.

Training

To be eligible for certification through OHA, individuals must complete OHA’s requirements for either the training pathway or the legacy pathway. For birth doula, training requirements include, but are not limited to:

1. 28 hours of in-person training hours (through an OHA-approved program)
2. At least six (6) contact hours of Cultural Competency
3. At least One (1) contact hour of Inter-Professional Collaboration
4. At least One (1) contact hour of Health Insurance Portability and Accountability Act (HIPAA)
5. At Least four (4) contact hours of Trauma-Informed Care
6. An OHA-approved [Oral Health Training](#) (offered free through OHA)
7. CPR Certification for Adults and Infants/Children

To review a list of OHA-approved training programs, refer to OHA’s [Approved THW Programs](#) page.

How to bill

Billing codes

Birth doula services may only be billed once per pregnancy. Multiples, including but not limited to twins and triplets, are not eligible for additional payment.

Current standard codes

A standard doula benefit, known as a “global package,” includes four maternity support visits (two visits before delivery and two visits after delivery), and support provided on the day of delivery. Doulas who bill for a standard package should only use one of the following codes per patient. It is important that Doulas bill for the correct type of standard benefit for outcomes reporting reasons.

➔ Date of service should be day of birth

Code	Modifier	Description	CCO Reimbursement
59400	U9	Standard benefit with support at vaginal delivery	\$1500.00
59510	U9	Standard benefit with support at cesarean delivery	\$1500.00
59610	U9	Standard benefit with support at VBAC delivery	\$1500.00
59618	U9	Standard benefits with support at attempted VBAC/cesarean delivery	\$1500.00

Partial service codes

Partial services billing should be used when a doula provides some, but not all, of the services encompassed in a standard benefit. EOCCO will pay for partial services. Note, each service should be billed for the number of times the service was provided up to the amount in a standard package. A doula cannot bill for more than two prenatal visits, two postpartum visits, and one labor and delivery support code.

Code	Modifier	Description
59899	U9	Support visit (up to 2 prenatal & 2 postpartum visits)
59409	U9	Support and delivery only – Vaginal delivery
59514	U9	Support and delivery – Cesarean delivery
59612	U9	Support and delivery – VBAC delivery
59620	U9	Support and delivery – attempted VBAC/cesarean delivery

New billing codes

As of 7/1/2024, all Birth Doulas must bill using the new billing codes (below), which shift from U9 modifiers to Z-codes. This change allows doulas to provide services to OHP Open Card members, in addition to those in CCOs.

Any services rendered prior to 7/1/2024, but billed for on or after 7/1/2024, must use the new Z-codes below:

Code	Modifier	Units	Description
T1033	HD	7	Global package – includes all delivery (vaginal, cesarean, VBAC, attempted VBAC/cesarean)
T1033	HD	3	Support and delivery – includes all delivery (vaginal, cesarean, VBAC, attempted VBAC/cesarean)
T1033	HD	1 per visit	Support visit (up to 2 prenatal & 2 postpartum visits)

For billing examples using the new codes, refer to OHA’s Doula Billing Session slides: [https://www.oregon.gov/oha/HSD/OHP/Contractor Workgroups CCO System Technical Meeting/Doula Billing Session.pdf](https://www.oregon.gov/oha/HSD/OHP/Contractor_Workgroups_CCO_System_Technical_Meeting/Doula_Billing_Session.pdf).

Required documentation

Although no prior authorization is needed, Birth Doulas are required to keep appropriate documentation. All Birth Doulas must keep a record of all rendered services, including the date and location of service, start and end times for the service, a summary of the session’s content, referrals given (if any), and the Birth Doula’s signature and printed name.

Community Health Workers

A Community Health Worker (CHW) is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the worker to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery.

Scope of practice

Community Health Workers should only provide services within their scope of practice. For services outside of their practice, refer to other THW or provider types, or contact the Traditional Health Worker Liaison at THW@eooco.com.

- a. Care Coordination System: Coordinate with involved systems of care; assist with referrals; contribute to team care plans and planning; assist with transitions between providers and phases of care; connect people to community and/or social service resources; facilitate community members' attendance at medical and other appointments.
- b. Outreach and Direct Service: Conduct case-finding, recruitment and enrollment; engage individuals and communities in the field; provide follow-up with individuals, families, and groups; make presentations at agencies and community events; provide basic services and screening tests; help individuals meet basic needs.
- c. Coaching and Social Support: Provide social support and build social networks; conduct home visiting; motivate and encourage individuals to obtain care and services; plan and facilitate support groups.
- d. Advocacy, Organizing and Cultural Mediation: Advocate for the needs and perspectives of individuals and communities; advocate for health-promoting policies; organize communities to identify and address pressing health issues; conduct two-way education about community and systems needs and norms.
- e. Education: Share culturally appropriate and accessible health education and information; support chronic disease self-management; build individual and community capacity and empowerment; increase health literacy; support stress management; train new Community Health Workers.
- f. Assessment, Evaluation and Research: Participate in individual-level and community-level assessments; participate in evaluating CHW services and programs; identify and engage research partners and participate in research; document and track individual and population-level data.

Covered services

EOCCO will only accept billing codes and reimburse for the services within a CHW's scope of practice, and as defined below:

1. The service involves teaching the member how to effectively self-manage their medical, behavioral, and/or oral health in conjunction with a health care team.
2. The service is provided face-to-face with the recipient (individually or in a group) in an outpatient, home or clinic, or other community setting. In order to be reimbursed for CHW administrative tasks, such as documentation, phone outreach, and the navigation of community resources, it is recommended they be conducted with the member as part of their self-management skill building curriculum.
3. The content of the educational and training program is a standardized curriculum consistent with established or recognized health or dental health care standards. Curriculum may be modified as necessary for the clinical needs, cultural norms and health or dental literacy of the individual members.

CHWs must provide services under the supervision of a licensed medical practitioner or professional. CHW claims missing a rendering licensed medical provider may not be accepted. A licensed medical provider includes Physicians, Certified Nurse Practitioners, Physician Assistants, Dentists, Dental hygienists with an Expanded Practice Permit, Ph.D. Psychologists, Psy.D. Psychologists, Speech Language Pathologists, Licensed Clinical Social Workers and Licensed Professional Counselors. It does not include Registered Nurses.

For each supervisor and CHW, the CHW must only work within the scope of practice for CHWs, which must be in the scope of practice for the supervisor. Supervisors are responsible for the CHW work that they order, delegate, and/or supervise when health care professionals work under their supervision.

Certification & provider enrollment

To become billable providers through Oregon Medicaid and EOCCO, individuals must be an OHA-certified CHWs and enrolled through Oregon Medicaid. For certification steps, please refer to the training requirements (below) and the and the Steps to Certification sub-section on pages 7-8 of this guide.

Training

To be eligible for certification through OHA, individuals must complete OHA's requirements for either the training pathway or the legacy pathway. For CHWs, training requirements include, but are not limited to:

1. At least eighty (80) contact hours addressing CHW core curriculum and competencies

To review a list of OHA-approved training programs, refer to OHA’s [Approved THW Programs](#) page.

How to bill

CHW services will be reimbursed on a Fee-For-Service (FFS) basis using the existing payment terms outlined within the EOCCO provider’s contract. If a CHW is Medicaid-enrolled as a non-payable rendering provider, EOCCO will reimburse for CHW services when billed with the appropriate CPT code(s).

CHWs who are not Medicaid-enrolled can bill and be reimbursed for the following services only: CPT codes 98960, 98961, and 98962. In these cases, a supervising Licensed Health Care Provider must list their name in boxes 24j and 31.

Claims for CHWs must be billed on standard CMS-1500 or UB-04 billing form following standard coding and billing requirements. CHWs should bill on separate lines for each day a service is provided. All claims should be sent to Moda.

Billing codes

CHWs should bill for most services in 30-minute units, according to the Billing Codes and descriptions listed in the *Billing Codes* section. A CHW is limited to billing four (4) units per 24-hours per patient. A maximum of eight (8) units per calendar month per patient applies. If a CHW surpasses the billing maximums, EOCCO will only reimburse for the maximums.

Code	Description
97535	Self-care/home management training (e.g., activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes
99211	Office or other outpatient visits for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.
99401	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes
99402	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes
99402	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 45 minutes
99404	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 60 minutes
99406	Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes

99407	Smoking and tobacco use cessation counseling visit; intermediate, greater than 10 minutes
99408	Alcohol and/or substance (other than tobacco) abuse structured screening (e.g., AUDIT, DAST), and brief intervention (SBI) services; 15 to 30 minutes
99409	Alcohol and/or substance (other than tobacco) abuse structured screening (e.g., AUDIT, DAST), and brief intervention (SBI) services; greater than 30 minutes
99600	Unlisted home service or procedure
G0176	Activity therapy, such as music, dance, art or play therapies not for recreation, related to the care and treatment of patient's disabling mental health problems, per session (45 minutes or more)
G0177	Training and educational services related to the care and treatment of patient's disabling mental health problems per session (45 minutes or more)
H0032	Mental health service plan development by nonphysician
H0033	Oral medication administration, direct observation
H0048	Alcohol and/or other drug testing: collection and handling only, specimens other than blood
H2014	Skills training and development, per 15 minutes
H2016	Comprehensive community support services, per diem
H2032	Activity therapy, per 15 minutes
98960	Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; individual patient
98961	(see 98960); for 2-4 patients
98962	(see 98960); for 5-8 patients

Required documentation

Although no prior authorization is needed, CHWs are required to keep appropriate documentation. All CHWs must keep a record of the order for rendered services, signed by a licensed professional. The order must specify the number of units ordered and if the service is a group or individual service.

Additionally, the CHW must document the date of service, start and end times for the service, whether the service was an individual or group, the number of patients present, a summary of the session's content, and the CHW's signature and printed name.

Peer Support Specialists & Peer Wellness Specialists

Peer Support Specialists (PSS) and Peer Wellness Specialists (PWS) support individuals experiencing mental health conditions and/or substance use and recovery. Both PWS and PSS provide peer-delivered services, which consist of community-based services and supports to individuals or family members with similar lived experience. These services are intended to support individuals and families to engage individuals in ongoing treatment and to live successfully in the community.

A PSS is an individual with shared lived experience with substance use and/or mental health that provides supportive services to a current or former consumer of mental health or addiction treatment.

A PWS is an individual that has lived experience with a psychiatric condition(s) plus intensive training that works as part of a person-driven, health home team, integrating behavioral health and primary care to assist and advocate for individuals in achieving well-being.

Scope of practice

PSS and PWS should only provide services within their scope of practice. For services outside of their practice, refer to other THW or provider types, or contact the Traditional Health Worker Liaison at THW@eooco.com.

Peer Support Specialist

- a. Care Coordination System: Coordinate with implementation of involved systems of care; assist with information, appointments, and referrals (as requested); contribute to Plan of Care ensuring goals, needs and strength of peer's voice; provide support during transitions and assist with natural supports and formal services; connect individuals to community and formal service resources.
- b. Outreach and Direct Service: Conduct community-based engagement and empowerment activities regarding behavioral health and wellness; enhance individual and family engagement; provide continuity of communication between peers, natural supports, and providers; make presentations at agencies and community events; assist individual peers to meet their own basic physical and emotional crisis and long-term needs.
- c. Coaching and Social Support: Provide mutual support and build natural and services networks; provide support and services at times and locations needed by peers; inform, motivate and assist individuals to receive effective and culturally appropriate needed services; plan and facilitate support groups; enhance peer inclusion in service and program planning, policy development, evaluation at local and state level.

- d. **Advocacy, Organizing and Cultural Mediation:** Advocate for the needs and perspectives of individuals in services and communities; advocate for wellness, recovery and behavioral health-promotion across the lifespan; organize communities to identify and address individuals planning and directing their own behavioral health care, education and other needed services; conduct two-way education about community and system needs.
- e. **Education:** Share culturally appropriate and accessible emotional health education and information; support emotional health, wellness and self-management of social and health challenges; promote leadership development and client-directed behavioral health systems education; increase resilience, developmental assets; support client-directed services and program management; supervise and train other Peer Support Specialists.
- f. **Assessment, Evaluation and Research:** Participate in individual and family level assessments and planning; participate in service systems and community-level policymaking; participate in evaluating programs and service systems; identify and engage policy makers and participate in publications and research; document and track individual, program and service system-level data, individual and population-level data.

Peer Wellness Specialist

- a. **Care Coordination System:** Coordinate with implementation of involved systems of care; assist with referrals and appointments (as requested); contribute to Plan of Care, ensuring needs and strength of peer's voice; assist with transitions between natural supports, providers, and phases of care; connect people to community and service resources; serve as cultural liaison between peer and providers.
- b. **Outreach and Direct Service:** Conduct community-based engagement and empowerment activities regarding behavioral health and holistic wellness; enhance individual and family engagement; provide continuity of communication between peers, natural supports, and providers; make presentations at agencies and community events; assist individual peers to meet their own basic physical and emotional needs; develop needed community resources.
- c. **Coaching and Social Support:** Provide mutual support and build natural and services networks; provide support and services at times and locations needed by peers; motivate and assist individuals to clearly receive effective and culturally appropriate needed services; plan and facilitate support groups; enhance peer inclusion in service and program planning, policy development, evaluation at local and state level.
- d. **Advocacy, Organizing and Cultural Mediation:** Advocate for the needs and perspectives of individuals and communities; advocate for wellness, recovery disease prevention and health-promotion; organize communities to identify and address individuals planning

and directing their own health care, education and other needed services; conduct two-way education about community and system needs and norms.

- e. Education: Share culturally appropriate and accessible health education and information; support chronic disease and holistic wellness self-management; serve on integrated care teams in behavioral, primary, and specialty care; increase resilience, holistic wellness and health literacy; support client directed services and program management; train and supervise Peer Wellness Specialists.
- f. Assessment, Evaluation and Research: Participate in individual and family level assessments; participate in service systems and community-level assessments; participate in evaluating programs and service systems; identify and engage research partners and participate in publications and research; document and track individual, program, and service system-level data.

Family Support/Wellness Specialist

- a. Care Coordination System: Coordinate with involved systems of care; assist with referrals (as needed); contribute to plans of care, ensuring goals, needs and strength of each family members' voice is respected; provide support during transitions and assist with natural supports and formal services; connect members to community and formal services resources; serve as information and cultural liaison between family members and providers.
- b. Outreach and Direct Service: Conduct engagement and empowerment activities regarding physical, emotional, social, and wellness needs; enhance member and parent/family engagement; provide continuity of communication between family members and providers; make presentations at agencies and community events; assist family members to meet their own basic physical and emotional short and long-term needs; advocate for community resources and coordination of services.
- c. Coaching and Social Support: Provide mutual support and build services networks; provide support and services as needed by family members; inform, motivate and assist members to receive effective and culturally appropriate services; plan and facilitate support and wellness groups; support family members to be included in program planning, policy development and evaluation at local, state and national level.
- d. Advocacy, Organizing and Cultural Mediation: Advocate for the needs and perspectives of members in services and communities; advocate for wellness, recovery, disease prevention, holistic health promotion across the lifespan; organize communities to identify and address individuals directed planning, social determinants of health barriers in health care, education, etc.; conduct two-way education about family, community and system needs; teach and facilitate communication, self-help, and parenting programs.

- e. Education: Share culturally appropriate and accessible emotional and physical health education information; support emotional health, wellness and self-management of social, education and health challenges; promote leadership development and person-centered holistic health systems education; increase resilience, protective factors, and developmental assets; support parent and person directed service, program management and ethical standards; supervise, train, and develop training related to Family Support Specialists.
- f. Assessment, Evaluation and Research: Participate in individual and family level assessments and planning; participate in service systems, community, state, and national level policymaking; participate in evaluating programs and service systems; identify and engage Family Support Specialists, stakeholders and policymakers to participate in publication ad research; identify and engage Family Support Specialists, stakeholders and policymakers to participate in publications and research; document and track individual, program, and service system-level data.

Youth Support/Wellness Specialist

- a. Care Coordination System: Coordinate with involved systems of care; assist with referrals (as needed) contribute to plans of care, ensuring goals, needs and strength of youth voice is respected; provide support during transitions and assist with natural supports and formal services; connect individuals to community and formal services resources; serve as information and cultural liaison between youth and providers.
- b. Outreach and Direct Service: Conduct engagement and empowerment activities regarding physical, emotional, social, and wellness needs; enhance individual and youth engagement; provide continuity of communication between youth and providers; make presentations at agencies and community events; assist youth to meet their own basic physical and emotional short and long-term needs; advocate for community resources and coordination of services.
- c. Coaching and Social Support: Provide mutual support and build services networks; provide support and services as needed by youth; inform, motivate and assist youth to receive effective and culturally appropriate services; plan and facilitate support and wellness groups; support youth to be included in program planning, policy development and evaluation at local, state and national level.
- d. Advocacy, Organizing and Cultural Mediation: Advocate for the needs and perspectives of individuals in services and communities; advocate for wellness, recovery, disease prevention, holistic health promotion across the lifespan; organize communities to identify and address individuals directed planning, social determinants of health barriers in health care, education, etc.; conduct two-way education about youth, community and system needs; teach and facilitate communication, self-help, and youth programs.

- e. Education: Share culturally appropriate and accessible emotional and physical health education information; support emotional health, wellness and self-management of social, education and health challenges; promote leadership development and person-centered holistic health systems education; increase resilience, protective factors, and developmental assets; support youth and person directed service, program management and ethical standards; supervise, train, and develop training related to Youth Support Specialists.
- f. Assessment, Evaluation and Research: Participate in individual and youth level assessments and planning; participate in service systems, community, state and national level policymaking; participate in evaluating programs and service systems; identify and engage Youth Support Specialists, stakeholders and policymakers to participate in publication and research; identify and engage Youth Support Specialists, stakeholders and policymakers to participate in publications and research; document and track individual, program, and service system-level data.

Certification & provider enrollment

To become billable providers through Oregon Medicaid and EOCCO, individuals must be an OHA-certified PSS and/or PWSs and enrolled through Oregon Medicaid. For certification steps, please refer to the training requirements (below) and the and the Steps to Certification subsection on pages 7-8 of this guide.

Training

To be eligible for certification through OHA, individuals must complete OHA's requirements for either the training pathway or the legacy pathway. For PSS and PWS, training requirements include, but are not limited to:

1. At least eighty (80) contact hours addressing PSS and/or PWS core curriculum and competencies

To review a list of OHA-approved training programs, refer to OHA's [Approved THW Programs](#) page.

How to bill

PSS and PWS should bill accordingly:

- Bill EOCCO for all services provided to OHP members enrolled in EOCCO for physical and behavioral health care.
- For PSS and PWS working under advanced payment models, bill EOCCO as documentation for advancement and rendered services.

PSS and PWS must keep documentation of visits and behavioral health services in accordance with the [MOTS Reference Manual](#). Additionally, although PSS and PWS services do not require prior authorization, services must be included in an EOCCO's member's treatment plan or service plan.

Billing codes

PWS and PSS may use the following codes for both children and adults, and all specialty types. The same billing codes are used for PWS and PSS.

Billing Code	Modifier	Description
G0177	HQ, GT	Training and educational services related to the care and treatment of patient's disabling mental health problems per session, group (45+ minutes)
H0038	GT	Peer support (self-help & peer services) (per 15 minutes)
T1016	GT	Case management (per 15 minutes)
H2014	GT	Skills training and development (per 15 minutes)

The OHA reimbursement rate is current as of 3/2024. For an up-to-date reimbursement rate, reference the [OHP Fee Schedule](#). EOCCO bills at the same rate as OHA's fee-for-service rate to all PSS and PWS using the fee-for-service model.

Required documentation

Although no prior authorization is needed, PSSs and PWSs (peers) must keep appropriate documentation. All peers must keep a record of the order for rendered services, signed by a licensed professional.

Additionally, peers must keep a record of all rendered services, including the date and location of service, start and end times for the service, a summary of the session's content, referrals given (if any), and the peer's signature and printed name.

Personal Health Navigator

A Personal Health Navigator (PHN or NAV) is an individual that provides information, assistance, tools, and support to enable a patient to make the best health care decisions. Individuals in these roles may also be known as Patient Health Navigators.

Scope of practice

Personal Health Navigators should only provide services within their scope of practice. For services outside of their practice, refer to other THW or provider types, or contact the Traditional Health Worker Liaison at THW@eooco.com.

- a. Care Coordination System: Coordinate with involved systems of care and community resources; assist with referrals and appointments; coordinate care with other health care coordinators in the community; contribute to care team planning; promote person-centered care; assist with transitions and phases of care.
- b. Outreach and Direct Service: Conduct outreach to members to engage and maintain them in care; connect members to the appropriate level of care; assist with enrollment in insurance, specialty care and social service programs; provide social service and/or community resource connections.
- c. Coaching and Social Support: Assist members with setting goals for care; promote social support and/or relationship building.
- d. Advocacy, Organizing and Cultural Mediation: Advocate for members with the health system; connect members to culturally appropriate health resources; promote effective communication between members and health care providers.
- e. Education: Educate members about the health care system; connect members to available health education in the community; provide health information in ways members can understand and act on; participate in curriculum development and train new Personal Health Navigators; educate other health professionals about role and value of Personal Health Navigators.
- f. Assessment, Evaluation and Research: Evaluate the availability of health services in the community; collect and use information from and with members to connect them to resources; document member encounters and outcomes; track and maintain community resources and health outcome data.

Certification & provider enrollment

To become billable providers through Oregon Medicaid and EOCCO, individuals must be an OHA-certified PSS and/or PWSs and enrolled through Oregon Medicaid. For certification steps, please refer to the training requirements (below) and the and the Steps to Certification subsection on pages 7-8 of this guide.

Training

To be eligible for certification through OHA, individuals must complete OHA's requirements for either the training pathway or the legacy pathway. For PHNs, training requirements include, but are not limited to:

1. At least eighty (80) contact hours addressing PHN core curriculum and competencies

To review a list of OHA-approved training programs, refer to OHA's [Approved THW Programs](#) page.

NPI & Medicaid enrollment

At this time, a PHN is unable to obtain an NPI number since there is no PHN-specific taxonomy. If the PHN is also certified as another THW type (Birth Doula, Community Health Worker, Peer Support Specialist, Peer Wellness Specialist), the PHN may be able to obtain or use an NPI specific to the other THW type and practice within the scope of services of the other THW type.

Through this pathway, PHNs can obtain an NPI by registering on <https://nppes.cms.hhs.gov/> under their other THW type. Once completed, individuals should receive their NPI within a few days.

For a step-by-step guide of registering for an NPI number, refer to NPPES' guide at [https://nppes.cms.hhs.gov/assets/How to apply for an NPI online.pdf](https://nppes.cms.hhs.gov/assets/How%20to%20apply%20for%20an%20NPI%20online.pdf).

Please refer to other THW type sections on related NPI and Medicaid enrollment information.

How to bill

At this time, PHNs do not have a unique set of billing codes. As such, PHNs often bill using CHW billing codes, or billing codes used within the scope of services for other THW types they are certified as. Please refer to other THW type sections on related and usable billing codes.

Additionally, PHNs are eligible to use EOCCO's In-Lieu-Of-Services (ILOS) benefit and funds. ILOS are medically appropriate and cost-effective substitutes for covered services or settings, which can be applied to PHN services. For more information about using ILOS as a PHN, please contact THW@eooco.com.

Required documentation

Although no prior authorization is needed, PHNs are required to keep appropriate documentation. All PHNs must keep a record of the order for rendered services, signed by a licensed professional.

Additionally, the PHN must document the date of service, start and end times for the service, whether the service was an individual or group, the number of patients present, a summary of the session's content, and the PHN's signature and printed name.



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