



# Community Health Worker Implementation Best Practices for Transforming Pediatrics for Early Childhood

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## 20 States Have an Approved Medicaid State Plan Amendment for Community Health Workers in Primary Care

Medicaid programs increasingly recognize the value of community health workers (CHWs) in delivering health promotion and prevention in primary care. The National Academy for State Healthy Policy monitors the growing [state policy landscape for the CHW](#) workforce. As of July 2026, 24 states have an approved Medicaid State Plan Amendment (SPA), and 15 states have an 1115 waiver that allows payment for CHWs.

## Early Childhood Specific Needs for CHWs

Early childhood has unique needs that are enhanced by having CHWs in a primary care setting for:

- **Education** – simplifying complex health information and teaching well-being, self-management, parenting, and child development skills.
- **Support** – building trust and peer support, promoting optimal child development and healthy families, and empowering families through autonomy and transparency.
- **Community navigation** – connecting to vital resources in complex systems to support social needs, child development needs, and caregiver well-being needs.
- **Community outreach** – relationship building with community partners and organizing community events to raise health awareness.

Integrating CHWs into primary care practices can improve knowledge of child development, access to care, adherence to care plans, and overall quality of life for children and families.



## CHW Implementation Best Practices for Transforming Pediatrics

This CHW implementation best practices resource was originally developed for state- and community-level teams funded by the Transforming Pediatrics for Early Childhood (TPEC) program, which is designed to advance the delivery of early childhood development services in pediatric practice settings.

**Create Flexibility in CHW Role Definitions and Certification.** Use a broad definition like Oregon’s “traditional health worker,” trusted individuals from their local communities who may also share socioeconomic ties and lived life experiences with health plan members, which encompasses six different roles, including CHWs, doulas, and peer support specialists.

**Expand Medicaid Payment across Billing Codes, Service Delivery, and Guidance.** Develop a billing guide that allows for:

- Short time increments (15-30 minutes);
- Group visits (98960, 98961, 98962);
- H-codes for non-professionals (H0032);
- Evaluation and management of a patient without the presence of a physician (S99211); and
- Z diagnosis codes to meet medical necessity and commensurate with risk to allow for preventive services.

See an example billing guide from [California](#).

Allow services to be delivered:

- In-person, telehealth, group settings;
- With or without a patient present;
- Rendered under a licensed, credentialed provider; and
- Across varied service delivery settings in the community and primary care.

Offer flexibility in population types that CHWs can render/bill services for (e.g., pediatrics) and payment rates of billing codes that are set high enough to support a full-time CHW’s salary.



**Training Recognition Pathways.** Require Medicaid managed care organizations to honor state-specific CHW training and certification. Allow certification to be granted through a work experience pathway if a CHW has practiced for a certain number of years and can demonstrate proficiency and experience.

Additional examples of certification pathways and other SPA best practices can be found here: [Updates and FAQs: Developing and Implementing a Medicaid State Plan Amendment to Authorize Community Health Worker Reimbursement.](#)

*This program was made possible through the support of the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$4,740,000 with 0% financed from non-governmental sources. The contents are those of the authors and do not necessarily represent the official views of, nor an endorsement by, HRSA, HHS, or the U.S. Government. For more information, please visit [HRSA.gov](https://www.hrsa.gov).*