



Community Health Worker
Collaborative of South Dakota

Organizational Readiness Checklist

Organizations in South Dakota interested in enrolling with South Dakota Medicaid to bill for Community Health Worker (CHW) Services should first review the complete SD Medicaid CHW Billing and Policy Manual to understand the basics of Medicaid reimbursement for CHW Services.

https://dss.sd.gov/docs/medicaid/providers/billingmanuals/Professional/Community_Health_Worker_Services.pdf

The following should all be confirmed or in progress prior to enrolling with South Dakota Medicaid as a CHW Agency:

| Enrollment Considerations | | |
|---|--------------------------|--|
| Items mentioned below can be found in the Enrollment Section of the CHWSD website: https://chwsd.org/sd-medicaid-enrollment/ | | |
| Confirmed | In-Progress | Item |
| <input type="checkbox"/> | <input type="checkbox"/> | Review SD Medicaid CHW Billing and Policy Manual |
| <input type="checkbox"/> | <input type="checkbox"/> | Ensure the organization's leadership/board is supportive of billing Medicaid for CHW services |
| <input type="checkbox"/> | <input type="checkbox"/> | Organization is an established legal entity, in good standing, with an EIN number |
| <input type="checkbox"/> | <input type="checkbox"/> | Organization has, at minimum, a checking and/or savings account established at a financial institution |
| <input type="checkbox"/> | <input type="checkbox"/> | An organizational representative is willing to sign the SD Medicaid provider agreement, disclosure, and CHW addendum |
| <input type="checkbox"/> | <input type="checkbox"/> | Organization must be able to submit the full enrollment application with SD Medicaid within 30 days of starting the application |
| <input type="checkbox"/> | <input type="checkbox"/> | Organization must be willing to provide policies and procedures required by SD Medicaid for a CHW agency |
| <input type="checkbox"/> | <input type="checkbox"/> | Organization's physical location is identifiable with signage visible from a distance, the provider is at the location address given, hours of operation are posted outside the organization's offices, the provider is open during posted hours of operations, and utilities (inside/outside) are turned on |

Implementation Considerations

Items mentioned below can be found in the Implementation Section of the CHWSD website: <https://chwsd.org/sd-medicaid-implementation/>

| Confirmed | In-Progress | Item |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Individuals employed as CHWs/CHRs have completed or will need to complete an approved training program to become Certified in South Dakota. Certified training programs must include 200 hours of training and 40 hours of shadowing. For full details regarding training, visit: https://chwsd.org/training-requirements/ |
| <input type="checkbox"/> | <input type="checkbox"/> | Individuals employed as CHWs/CHRs are or will be Certified in South Dakota. For full details regarding Certification, including training costs and requirements, background checks, and certification steps, visit: https://chwsd.org/chw-and-chr-certification/ |
| <input type="checkbox"/> | <input type="checkbox"/> | Organization plans to employ Certified CHWs and/or CHRs who will provide the SD Medicaid CHW Scope of Work (see covered services section of the SD Medicaid CHW Billing and Policy Manual) |
| <input type="checkbox"/> | <input type="checkbox"/> | Organization has plans in place to secure provider referrals and a workflow in place to obtain and address referrals and provide bi-directional communications back to the referring provider |
| <input type="checkbox"/> | <input type="checkbox"/> | Organization has HIPAA compliant documentation practices in place |

Billing Considerations

Items mentioned below can be found in the Billing Section of the CHWSD website: <https://chwsd.org/sd-medicaid-billing/>

| Confirmed | In-Progress | Item |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Organization has the ability to submit Medicaid claims using the SD Medicaid portal, a billing service, or a billing clearinghouse |
| <input type="checkbox"/> | <input type="checkbox"/> | Organization has assigned staff and/or a billing team to track claims |
| <input type="checkbox"/> | <input type="checkbox"/> | Organization has record keeping processes in place that are compliant with Medicaid requirements |