

Promoting Healthy Foundations: Medicaid Opportunities to Support Community Health Workers in Child Health Care

By Jade Kissi and Lauren Scannelli Jacobs, Center for Health Care Strategies

KEY TAKEAWAYS

- Community health workers (CHWs) offer an evidence-based solution to critical challenges affecting children's health by providing social service referrals, multi-generational family support, preventive care, early intervention, and care coordination.
- With Medicaid support, health systems can develop and sustain innovative pediatric models that incorporate CHWs to deliver high-quality, family-centered care. These models can also help address workforce shortages and access barriers for children and their families.
- This brief highlights the impact of CHWs on improving child health outcomes, shares examples of evidence-based CHW models supporting children, and explores opportunities for Medicaid to strengthen pediatric care through CHW integration.

When children's health needs are met, they are more likely to have better health outcomes, higher educational attainment, and greater financial security as adults.¹ Early childhood and adolescence are critical windows for prevention — a time to foster healthy habits, identify chronic diseases, and equip children with lifelong tools to manage their health. As chronic conditions among children continue to rise — including often preventable diseases — access to high-quality, family-centered care is critical to ensure long-term health and well-being.²

Unlike adult care, which typically focuses on the individual, pediatric care requires a collaborative and supportive approach that respects the decision-making role of parents and caregivers, while holistically considering the needs of the entire family.³ One promising strategy to enhance the health and well-being of children and adolescents is the integration of expanded care teams — particularly the inclusion of community health workers (CHWs) — into pediatric settings.⁴



CHWs have been shown to increase attendance at well-child visits, improve parental experiences with care, reduce emergency department visits, and play a critical role in supporting the integration of CHWs into pediatric care to improve outcomes for children and families.^{5,6}

This brief, developed with support from the Robert Wood Johnson Foundation, highlights the impact of CHWs on improving child health outcomes, offers evidence-based examples of CHW models supporting children and their families, and explores how Medicaid can support enhancements in pediatric care through CHW integration.

Community Health Workers Impact on Children’s Health

Sometimes called promotores, peer navigators, or health representatives, CHWs are trusted members of the community who provide support services and share information related to health and well-being.⁷ As such, they are uniquely positioned to address critical challenges concerning the health of children.

CHWs are not confined to working within a clinic’s walls — they work in homes, schools, and community settings to help make preventive and health care services more accessible.⁸ This is especially important for families who face barriers to accessing care. CHWs offer holistic support to children and their families by connecting them with health care providers and social services; providing care coordination services for families, especially for those with complex health care needs; and offering support to address families’ health-related social needs, including food and housing insecurity. Due to their deep-rooted connections within the communities they serve, CHWs are frequently regarded as trusted sources of information by families.⁹ They play a critical role in sharing knowledge related to preventive health practices, available health care services, and community-based resources, including peer-support networks and skill-building initiatives.

In recent years, federal and state funding streams from the COVID-19 public health emergency supported the growth of the CHW workforce across the country.¹⁰ A significant number of states have mechanisms for Medicaid to cover CHW services.¹¹ While these initiatives are often centered on services for adults, child health stakeholders can consider the mechanisms used to sustainably fund CHW services for pediatric populations.

Examples of Policy Levers to Support and Sustain CHWs

As of June 2025, over half of all states provide reimbursement for CHW services through Medicaid state plan amendments (SPAs), 1115 demonstration waivers, and/or managed care contractual requirements. States select pathways for reimbursement depending on their goals, timeline, and administrative capacity — and some states combine multiple levers.^{12,13}

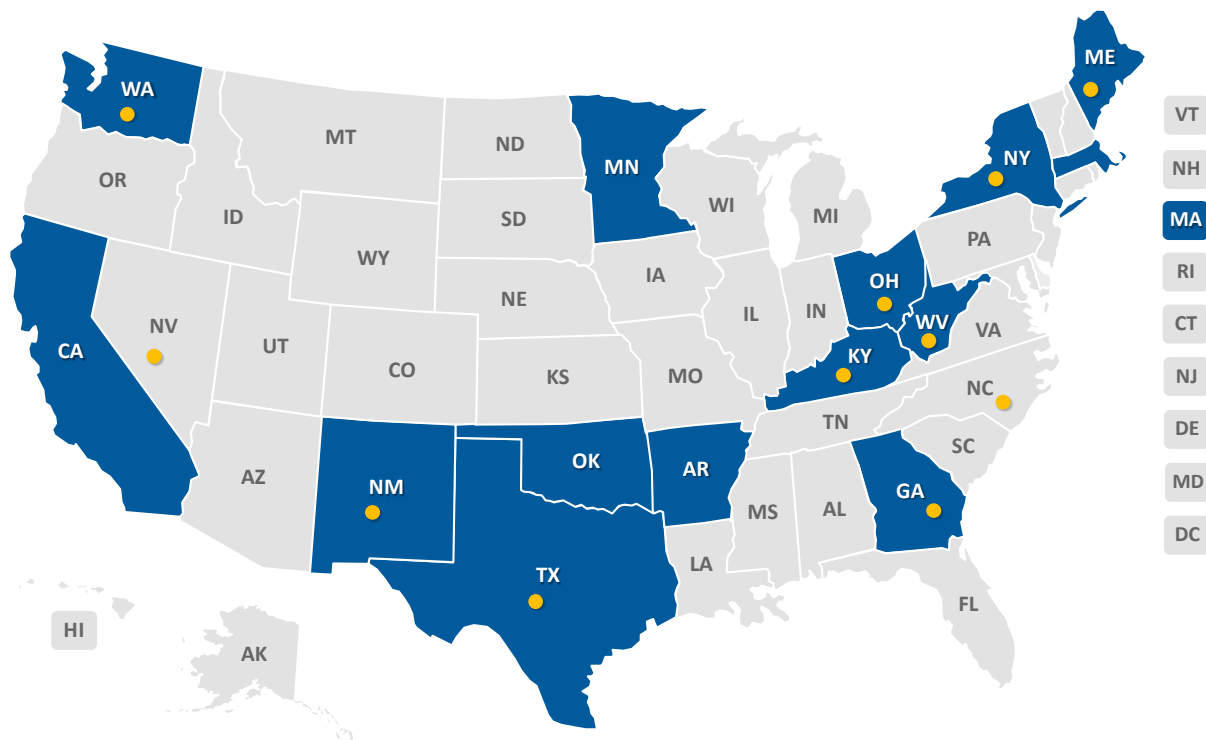
Additionally, many states have established training requirements for CHW certification, which may be administered by state agencies, independent credentialing boards, or state CHW associations.^{14,15} Medicaid and other CHW financing streams may require specific training to be eligible for reimbursement. CHCS analysis found 16 state examples of states with pediatric-focused CHW policies related to Medicaid reimbursement, pediatric-specific CHW services, or child specific competencies for CHW certification.

Below are examples of how state policies have supported integrating CHWs into pediatric care. These examples are followed by a map (*see need page*) that showcases what states support Medicaid reimbursable CHW services for pediatric and postpartum populations, embed child-specific skills into the core competencies for receiving CHW certification, or offer child-specific additional training/continuing education.

- **Training and Certification Requirements:** Some states may not have child-specific CHW programs covered by Medicaid, but may still have child-specific competencies for receiving CHW certification (like Nevada and North Carolina). Additionally, some states (Oklahoma and Arkansas) may have child-specific programs, but do not have child-specific competencies required for certification. (See appendix for more information). In Arkansas, SB 51 appropriated almost \$7 million to the UAMS Institute for Community Health Innovation Center, which partners with clinical sites to train CHWs on patient advocacy for improving pediatric care.^{16,17}
- **State Plan Amendments (SPA):** The most common method of Medicaid coverage for CHW services is via a SPA.¹⁸ Under a SPA, states may define what populations are eligible to receive CHW services and define the certification and training requirements to be a Medicaid reimbursable provider. New York’s SPA has broad eligibility for populations to receive CHW services, including all pregnant and postpartum women as well as children under 21 years of age.¹⁹ In Kentucky’s SPA, CHW services include health promotion and coaching for pregnant women and infant care.²⁰ In Washington State, the SPA authorizes CHW services for adults and children and defines one eligibility pathway to receive CHW services as a positive adverse childhood experiences screening.²¹ This SPA was built off an earlier pilot in 2022, in which Washington State’s legislature directed its Medicaid agency to provide grant funding to facilitate the integration of CHWs into pediatric primary care clinics. The state reported on the strengths and successes of this program and proposed a SPA to sustain and scale up access to these CHW services.²²
- **1115 Waivers:** Compared to SPAs, 1115 waivers provide states with more flexibility to waive federal Medicaid rules to test innovative approaches.²³ Arkansas’ 1115 waiver supports CHW workforce development under its Life360 HOME program, which offers intensive support for eligible populations, including high-risk pregnant women and new moms and babies.²⁴ Additionally, some states cover CHW services to meet certain requirements of the Consolidated Appropriations Act of 2023.²⁵ For example, Pennsylvania, California, Maryland, and Illinois use CHWs to provide targeted case management and 30-day pre-release services for justice-involved youth.^{26,27,28,29}

See the [appendix](#) at the end of this brief for more information.

Medicaid CHW Coverage for Pediatric and Postpartum Populations



■ Pediatric-Specific CHW programs* ● Children-Specific Core Competencies or Continuing Education*

*Pediatric-Specific CHW programs: State-supported and Medicaid reimbursable programs that focus on serving children, post-partum mothers and infants, or adolescents.

*Children-Specific Core Competencies or Continuing Education: States that have child-specific CHW certification requirements or offer Continuing Education credits or additional training focused on pediatric populations.

CHWs in Action

CHWs can engage with pediatric populations in multiple capacities, including supporting preventive health initiatives, assisting families in caring for children with complex medical needs, linking to health-related social services, and delivering services in community-based settings beyond traditional clinical and hospital environments. This section shares innovative models of CHWs improving care for children and their families.

Supporting Prevention Efforts

Prevention efforts, such as screening, health education, and immunization, are essential for the health and well-being of children. CHWs play a pivotal role in facilitating access to these essential services by engaging families and connecting them with appropriate resources. Below are examples of CHW programs designed to ensure children and families have access to services early and often.

- The UpSTART Community Programs at **Texas** Children’s Hospital in Houston offer a range of services to promote children’s early brain and language development, provide individual and group support for maternal mental health, offer home visitation services, and facilitate family skill-building workshops and connections to community resources.³⁰ CHWs play a vital role in helping address families’ challenges, such as housing instability, food insecurity, and financial stress. CHWs also help families apply for programs like Medicaid, WIC, and SNAP, while providing direct support for necessities such as diapers, clothing, and transportation. CHWs offer caregiver education to support children’s development, including early brain and language development, positive parenting and emotional regulation, and support for language or developmental delay.
- The BLOOM: Black Baby Equity Clinic, in San Francisco, **California**, specializes in providing culturally concordant care to Black mothers and their babies up to age three.³¹ CHWs work alongside a multidisciplinary team of providers offering support within the mother-baby dyad. The multidisciplinary approach gives families time to express their concerns and allows the clinic to address their needs during an appointment rather than requiring a follow-up or referral. Due to this approach, the clinic has seen a reduction in missed appointments for the mothers and babies they serve.³²

Caring for Children with Medical Complexities

Pediatric clinicians often face significant time constraints when seeing patients, making it difficult to provide comprehensive, family-centered care, especially for children with more complex needs. CHWs can provide additional support to children with medical complexities, including chronic conditions. Below are examples of CHW programs focused on providing care for children with chronic conditions.

- Children's Hospital of Philadelphia (CHOP), in **Pennsylvania**, piloted a program that uses CHWs to support parents of children with medical and social complexities during the critical 90 days following their child’s discharge from the hospital.³³ This period can be particularly challenging for families, as they are often required to navigate multiple health care services while also addressing significant social needs, such as transportation, housing, and financial instability. CHWs meet with families before they are discharged and aim to connect at least weekly post-discharge by phone, text message, or virtual visits. Families may also choose to have a CHW home visit or meet with CHWs at the CHOP campus during follow-up appointments.
- The ADOBE Program in Albuquerque, **New Mexico**, provides wrap-around services for justice-involved youth.³⁴ CHWs work alongside education specialists, behavioral health professionals, trauma-informed primary care providers, and medical-legal experts to help meet the needs of youth and their families, which can

lower the risk of youth re-entering the criminal justice system. CHWs work with youth while they are detained to build trust and encourage engagement in care post-release. Post-release, CHWs assist with housing, food, utilities, social services, extracurricular activities, and job readiness.

- The Pediatric Community Health Worker program offered throughout **New York State** was developed in partnership with community-based organizations (CBOs) to better serve families of children with special health care needs who receive services at local pediatric patient-centered medical homes (PCMH).³⁵ CHWs are based within the CBOs, allowing them to remain in the community while working closely with clinical care teams to support children and their families. Serving as the single point of contact for families, CHWs empower families around self-management for their child's condition, provide care coordination, and connect them to resources in the community and the PCMH.

Offering Services Outside of Clinics and Hospitals

CHWs can provide services outside of the health care setting, facilitating access to children and their families by providing services within their communities. Below are examples of CHW programs situated in settings outside of clinics and hospitals.

- The **New York State** Healthy Neighborhoods Program offers home-visiting CHWs who can identify asthma triggers and assist families to modify housing conditions to improve indoor air quality, asthma symptoms, and overall health and well-being.³⁶ If necessary, CHWs help families get needed repairs for building issues that negatively impact health. Families who participate in the program experience both immediate and long-term benefits, including significant improvements to indoor air quality and a reduction in asthma triggers — resulting in fewer missed school days for children with asthma.³⁷
- Telehealth ROCKS (Regional Outreach for Communities, Kids, and Schools) is an initiative in **Missouri** and **Kansas** that integrates trained CHWs in rural schools and offers enhanced access to behavioral health and pediatric care through telehealth.³⁸ CHWs help coordinate care, provide culturally appropriate health education, assist students with managing behavioral health needs, and make community referrals to help address health-related social needs. The success of this program paved the way for KanAWARE, an expansion of the Telehealth ROCKS program within the pediatrics department at Kansas University School of Medicine.³⁹ This federally funded program continues to strengthen support for children's behavioral health needs.

- The CHW and Community Health Ambassadors program at an elementary school in **Oregon** supports families in school settings.⁴⁰ School staff identify families who might benefit from additional support and connect them with CHWs and parent volunteers to build trusting relationships. These teams assist with tasks such as connecting families to health care providers, enrolling them in state health coverage, and linking them to social service resources.
- The Neighborhood Nursing initiative, in Baltimore, **Maryland**, delivers care to residents in their homes, schools, libraries, and emergency shelters through door-to-door and mobile outreach — regardless of income, insurance status, or health condition.⁴¹ Each resident is connected with a nurse and CHW team that is accessible via text or app.⁴² Children and families in pilot neighborhoods can opt in to annual home visits that include physical exams, vaccinations, mental health support, and early intervention for at-risk children, ultimately reducing hospitalizations and improving long-term outcomes. While the program is not child-specific, families with young children can receive more frequent and tailored resources to support their growth. In addition, children and families can receive telehealth services.

Key Considerations for Implementing CHWs in Pediatrics

There are multiple pathways available to states, health care systems, and child health advocates interested in incorporating CHWs to support the pediatric population. Below are a few considerations for states and health care systems when integrating CHWs into expanded care teams for children and families.

- **Incorporate reimbursement for CHW services in Medicaid programs.** States interested in investing in expanded care teams to improve care for pediatric populations can consider the variety of federal and state authorities, including SPAs, 1115 waivers, and managed care contractual requirements.⁴³ While states may opt to start with pilots and grant-based projects to build the evidence base and create a proof of concept, offering CHW services as a Medicaid benefit can provide critical support to sustain the long-term integration of CHWs into the pediatric medical care team. For states that have already garnered CHW reimbursement authority through SPAs and 1115 waivers, managed care contracts can be a useful tool to solidify service requirements for CHWs in pediatric populations.⁴⁴
- **Offer additional education to CHWs working with pediatric populations.** States can consider requiring child-specific competencies for CHW certification and offering Continuing Education credits or additional courses or training opportunities focused on pediatric populations. Offering a specialized track for

child health may attract professionals with childcare experience to the profession. Additionally, CHWs with specialized training may be better equipped to provide support to children and their families in a variety of settings. When creating requirements to become a billable Medicaid provider, states can consider offering specific training for CHWs who plan to work with pediatric populations or can work with training entities to add specific requirements that provide the skills needed to better serve children and their families.

- **Leverage CHWs in school settings.** States may consider ways to leverage CHWs in school settings. CHWs can be an important resource in schools by supporting students with chronic health conditions, delivering health education, and addressing health-related social needs. Their involvement not only enhances the overall health and well-being of children but also alleviates some of the responsibilities of school administrators, counselors, and teachers — enabling them to focus more effectively on delivering high-quality education and fostering a safe, supportive learning environment.
- **Engage cross-sector partners to align CHW programs.** Child health advocates can engage in cross-sector collaboration to design and implement specialized CHW programs for specific pediatric populations. State agencies that serve children — such as WIC, SNAP, departments of child and family health, school health, and maternal and infant health — often support the same families and share common goals. Coordinating resources across these departments can help distribute the administrative burden of program implementation, foster efficient data-sharing systems, enhance interagency communication, and increase the likelihood of long-term program sustainability.
- **Assess children and families' needs before implementation.** Health care systems interested in integrating CHWs into their pediatric setting may first consider conducting a needs assessment to better understand the unique health needs of the children and families they serve. This can include surveys, focus groups, and interviews with patients, families, and providers to identify areas where CHWs may have the greatest impact. In addition, it is important to create clear roles and responsibilities and consider how CHWs will be incorporated into the daily flow of the clinic to ensure smooth coordination and reduce areas of duplication.

Conclusion

Children and families require a child health care system that serves their unique needs and supports opportunities for life-long health and well-being. Amid growing concern over the rise in childhood chronic diseases, state Medicaid agencies and health systems are well-positioned to leverage community health workers to address the health-related social needs that contribute to the development and progression of preventable conditions.⁴⁵

With their geographic and cultural proximity to the families they serve, CHWs can serve as empathetic and accessible extensions of the clinical care team. State Medicaid agencies interested in improving the health of children in their state can consider CHWs as an evidence-based solution to support the needs of children and families.



ABOUT THE CENTER FOR HEALTH CARE STRATEGIES

The Center for Health Care Strategies (CHCS) is a policy design and implementation partner devoted to improving outcomes for people enrolled in Medicaid. CHCS supports partners across sectors and disciplines to make more effective, efficient, and equitable care possible for millions of people across the nation. For more information, visit www.chcs.org.

Appendix: State Examples of CHWs Working with Pediatric and Postpartum Populations

Methodology: CHCS’ research identified states that have Medicaid pathways to reimburse CHW services and states that have CHW certification requirements. Of the states that have Medicaid coverage for CHW services, CHCS searched states’ SPA, 1115 waiver, or managed care contracts using key terms (e.g., child, infant, youth, baby, mother, postpartum) to identify which states mentioned child-specific or postpartum and infant CHW programs or services. Of the states with certification pathways, searches were conducted to identify if child health-specific competencies were embedded in their CHW curriculum, or if additional child-specific continuing credits were offered.

The table on the following pages is a synthesis of the research findings. The following definitions were used:

- **Pediatric and Postpartum CHW Programs:** State-supported and Medicaid reimbursable programs that focus on serving children, postpartum mothers and infants, or adolescents.
- **Children-Specific Core Competencies or Continuing Education:** States that have child-specific CHW training requirements or offer Continuing Education credits/ additional training focused on pediatric populations.

Note: This list is not comprehensive and instead highlights the found research and innovations relevant to pediatric and postpartum populations (*see next page*).

| State Name | Pediatric and Postpartum CHW Programs and Children-Specific Core Competencies or Continuing Education |
|----------------------|--|
| Arkansas | <ul style="list-style-type: none"> • Maternal Life360 HOME provides mothers with home visiting services during pregnancy and for up to two years after birth. Women who were enrolled in ARHOME at the time of the child’s birth are eligible to remain in the program for up to two years after the baby’s birth, even if they lose Medicaid eligibility.⁴⁶ |
| California | <ul style="list-style-type: none"> • SPA states: “CHW services may address issues that include, but are not limited to, the control and prevention of chronic conditions or infectious diseases; mental health conditions and substance use disorders; need for preventive services, perinatal health conditions; sexual and reproductive health; environmental and climate-sensitive health issues; child health and development; oral health; aging; injury; domestic or interpersonal violence by individuals with the appropriate training; and community violence prevention.” • Additional guidance states CHWs may be a part of the care teams delivering enhanced care management, which is required under managed care contracts.⁴⁷ There are multiple children/youth populations of focus for enhanced care management, including those with significant behavioral health needs or considered high utilizers of care. |
| Georgia | <ul style="list-style-type: none"> • Section 1115 demonstration authorizes care management services for women who are up to 60 days postpartum, delivered by CHWs in the “Resource Mother” model. Under this model, the Resource Mother mentors women who give birth to babies weighing less than 3 pounds, 5 ounces to offer support to mothers and provides them with information on parenting, nutrition, and healthy lifestyles.⁴⁸ |
| Kentucky | <ul style="list-style-type: none"> • SPA states: “Services must be related to a medical intervention outlined in the individual’s care plan and may include the following: health promotion and coaching includes providing information or training to recipients that make positive contributions to their health status such as cessation of tobacco use, reduction in the misuse of alcohol or drugs, improvement in nutrition, improvement of physical fitness, family planning, control of stress, pregnancy and infant care including prevention of fetal alcohol syndrome.” • CHW legislation: Effective October 31, 2023, all CHWs shall complete a KOCHW-approved continuing education training in oral health care, infant and maternal healthcare, and geriatric health care, as also defined in the Kentucky CHW Certification manual. |
| Maine | <ul style="list-style-type: none"> • SPA: Primary Care Plus provides an alternative payment model offering population-based payments tied to quality outcomes to family practices, pediatric practices, and internal medicine practices. The program offers a tiered approach with tier 2 and 3 requiring use of CHWs. • MaineMOM Services covers services provided by a care team, including a CHW, to pregnant and postpartum MaineCare members with opioid use disorder and their infants.⁴⁹ • Maine’s certifying organization offers CHW training on asthma action planning and supporting children with asthma at home and in school. |
| Massachusetts | <ul style="list-style-type: none"> • 1115 waiver: Includes funding for the Postpartum Community Health Workers Pilot Program, which operates in six areas of the state to provide CHW health education and outreach in community-based settings. |
| Minnesota | <ul style="list-style-type: none"> • Minnesota uses a variety of CHW implementation models that impact children, including childhood hubs where CHWs offer early childhood screening, and connection to resources and supports. CHWs also work in schools providing access to oral health education and connection to preventive health care services. • CHWs also provide home visiting services, which is reimbursable by Medicaid. |
| Nevada | <ul style="list-style-type: none"> • The Nevada Certification Board (NCB) offers a CHW Early Childhood Education (ECE) endorsement for NCB certified CHWs. This provides additional training around early childhood toxic stress, child abuse and neglect, child development, and child wellness. |

| State Name | Pediatric and Postpartum CHW Programs and Children-Specific Core Competencies or Continuing Education |
|-------------------------|---|
| New Mexico | <ul style="list-style-type: none"> • New Mexico Department of Health Office of Community Health Workers and the Department of Health School Based Health Center Program collaborate to operate a Medicaid reimbursable school-based CHW program. • New Mexico’s Department of Health Office of Community Health Workers offers a specialty CHW focus area in maternal and child health. |
| New York State | <ul style="list-style-type: none"> • SPA includes CHW services for children under 21 years of age and for pregnant and postpartum women who receive Medicaid through managed care or through fee-for-service.⁵⁰ • Through the Perinatal and Infant Community Health Collaboratives (PICHC) initiative, the state is working to improve perinatal and infant health outcomes for high-need, low-income, Medicaid-eligible individuals and their families, using CHWs as the main individual-level strategy. The New York Department of Health partners with the Institute for the Advancement of Family Support Professionals to offer CHWs a variety of online training resources, including trainings focused on pediatric populations. |
| North Carolina | <ul style="list-style-type: none"> • The North Carolina Area Health Education Centers Advanced Specialty Training offers CHWs various training programs, including ones focused on child and adolescent health. • North Carolina Medicaid’s Community Health Worker Strategy identifies children from disadvantaged communities as a target population for CHW services. |
| Ohio | <ul style="list-style-type: none"> • Ohio’s Legislature set a standard curriculum for CHW training, which includes content related to: family during pregnancy; newborn, infant, and young child; adolescents; and special health care and social needs of target population groups, including grandparents raising grandchildren and children with disabilities. • Ohio Medicaid, through its MCOs, also provides 10 communities with high rates of infant mortality and outcome disparities with biannual funding to support community-driven interventions to improve maternal and infant health. Nearly all communities use these grants to invest in additional CHW services. |
| Oklahoma | <ul style="list-style-type: none"> • SPA for CHWs states “for the Early and Periodic Screening, Diagnostics, and Treatment (EPSDT) population, [CHW] services are furnished based on medical necessity.” • The Sooner Select Children’s Specialty Program includes the Breathe Better at Home program, which offers home visits by CHWs to check for environmental triggers for asthma. |
| Texas | <ul style="list-style-type: none"> • The Texas Case Management for Children and Pregnant Women Program allows Medicaid to provide case management services for non-medical needs that will improve health outcomes for pregnant women and their children. Provider qualifications includes CHWs as defined by Section 48.001 Health and Safety Code. • Texas Department of State Health Services defines CHW core competencies to include some knowledge base on specific health issues, including maternal and child health. |
| Washington State | <ul style="list-style-type: none"> • Washington State Department of Health offers CHW training programs, including a pediatric CHW course focused on early childhood relational health and K-12 mental and behavioral health. • SPA authorizes CHW services for adults and children and defines one eligibility pathway to receive CHW services as a positive adverse childhood experiences screening. |
| West Virginia | <ul style="list-style-type: none"> • Through the Drug Free Mom and Baby Program, West Virginia’s Department of Health, through a managed care arrangement, provides comprehensive care that includes CHW support for individuals with an opioid use disorder diagnosis or history of opioid use throughout pregnancy and one year postpartum. • The Center for Rural and Community Health offers additional CHW training for child health. |

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