



MARCH 2026

# State Use of Paraprofessional Providers for Children and Youth with Chronic and Complex Needs

Community-based paraprofessional providers can help states enhance access to pediatric services and address [workforce shortages](#) for children with chronic and complex needs (CCCN), who often experience challenges obtaining [specialty](#) and [mental health](#) care.

The paraprofessional workforce refers to the range of non-clinical, non-licensed health care providers who serve children, youth, and/or adults. They typically leverage community knowledge and relationships as well as lived experience with a chronic or complex condition. Specific positions may include [community health workers \(CHWs\)](#), [peers or peer specialists](#), care team extenders, patient navigators, or behavioral health aides. Paraprofessional providers can deliver cost-effective care, with interventions demonstrating [reductions in preventable hospitalizations](#) and [significant cost savings](#).



NATIONAL ACADEMY  
FOR STATE HEALTH POLICY



Lucile Packard  
Foundation

Children's Health

States are expanding their use of paraprofessional providers, through both longstanding programs and newly established positions, to improve access to and quality of care for CCCN and their families. Common strategies include standardizing certification requirements; developing and requiring specialized training to work with CCCN; and advancing Medicaid reimbursement, along with public and private funding, to finance paraprofessional services. This brief examines three states' cross-sector approaches to using paraprofessionals to serve CCCN, highlighting qualifications, training and certification requirements, available services, and financing strategies for each provider type.

## Key Takeaways

- Paraprofessional providers can enhance access to and quality of family- and patient- centered care for children with chronic and complex needs (CCCN).
- States are increasingly using paraprofessional providers to meet the needs of CCCN by:
  - Expanding and formalizing paraprofessional roles, including peer specialists, community health workers, and care extenders
  - Establishing certification and training requirements for paraprofessional providers specially qualified to serve CCCN and their families
  - Offering services and supports specific to CCCN
  - Establishing Medicaid reimbursement for paraprofessional providers
- Georgia, North Carolina, and Rhode Island are among the states using cross-sector approaches and policy strategies to improve access to care for CCCN through the paraprofessional workforce.

## **Georgia: Certified Peer Specialists for Youth with Behavioral Health Conditions**

As the first state to implement a [certified peer specialist program](#), Georgia has been a pioneer in leveraging paraprofessionals to serve people with CCCN. In 1999, the state mental health and Medicaid authorities partnered to establish behavioral health peer support as a Medicaid-reimbursable service through a Rehabilitation Option state plan amendment. This policy provided a financing pathway for individuals with lived experience to promote recovery and self-advocacy for those in need.

The state's certified peer specialist program has since expanded to include specific providers based on condition (e.g., mental health, substance use disorder, and co-occurring needs) and population served (e.g., youth, parents). Georgia currently has approximately 5,350 certified peer specialists. A 2006 analysis found that Georgia's introduction of certified peer specialists for day services led to [improved outcomes and a cost savings of \\$5,494 annually per individual for the state](#).

The [Certified Peer Specialist - Youth](#) (CPS-Y) is a specific paraprofessional provider type designed to support young people with behavioral health needs. In this role, young adults who have lived experience with a mental health condition and/or substance use disorder provide services to empower youth to progress toward recovery and thrive in their home, school, and community. To become a CPS-Y, individuals must be between the ages of 18 to 26, have a high-school degree or GED, complete 40 hours of comprehensive training through the [Georgia Parent Support Network](#), and receive certification through the Department of Behavioral Health and Developmental Disabilities (DBHDD). They are then eligible for employment by the state (e.g., DBHDD) or DBHDD-approved child and adolescent provider organizations (e.g., community service boards, family support organizations).

CPS-Y providers offer a range of [interventions and supports](#), including building youth self-advocacy skills, addressing needs for community living, providing tools for wellness and recovery, supporting system and service navigation, delivering one-to-one or group support, and facilitating communication with the family and care team. Georgia ensures the CPS-Y program is family-guided and youth-driven through ongoing engagement of young people and families to refine policies, practices, and trainings.

**Figure 1: Georgia’s Certified Peer Specialists - Youth (CPS-Y)<sup>1,2,3</sup>**

|   |  |
|---|--|
| <p><b>Qualifications</b></p>                          | <ul style="list-style-type: none"> <li>• Young adult between the ages of 18 and 26</li> <li>• Lived experience with a mental health condition and/or substance use disorder</li> <li>• Willing and able to identify as having received behavioral health services and prepared to use that experience to support other young people with behavioral health conditions</li> <li>• One year between diagnosis and application</li> <li>• If the individual has a substance use condition, one year of abstinence from substance use</li> <li>• High school diploma or GED</li> </ul>   |
| <p><b>Training and certification requirements</b></p> | <ul style="list-style-type: none"> <li>• Completion of a no-cost, five-day training curriculum from the <a href="#">Georgia Parent Support Network</a></li> <li>• Successful completion of a certification exam</li> <li>• Completion of 12 continuing education units each year after the first formal training to maintain certification</li> </ul>  |
| <p><b>Supervision requirements</b></p>                | <ul style="list-style-type: none"> <li>• Ongoing supervision by a licensed and trained practitioner, focused on performance oversight and maintaining youth-centric environments, supportive relationships, and a culture of wellness and resilience.</li> </ul>   |
| <p><b>Populations served</b></p>                      | <ul style="list-style-type: none"> <li>• Individuals younger than age 20 with a mental health condition and/or substance use disorder, who need at least two of the following:             <ul style="list-style-type: none"> <li>– Support in engaging in and maintaining recovery</li> <li>– Assistance developing self-advocacy skills to self-manage behavioral health needs</li> <li>– Assistance preparing for education or employment</li> <li>– Modeling to increase responsibilities for recovery</li> </ul> </li> </ul>  |
| <p><b>Available services</b></p>                      | <ul style="list-style-type: none"> <li>• Support youth with exploration of recovery goals, individual strengths and supports, self-advocacy opportunities, and accountability for their own health and wellness</li> <li>• Assistance accessing and navigating youth-serving systems and strengths-based health and social service</li> <li>• Education and connection to resources around:             <ul style="list-style-type: none"> <li>– Specific behavioral health conditions and symptoms</li> <li>– Available services and treatment options</li> <li>– Skills and tools for wellness, coping, resiliency, recovery, and family problem-solving</li> <li>– Self-monitoring and self-management of conditions</li> <li>– De-escalating potential crisis situations</li> </ul> </li> <li>• Listening to youth and family needs from a peer perspective</li> <li>• Support with communication within the family</li> <li>• Facilitation and support for multi-disciplinary teams serving the individual</li> </ul> |
| <p><b>Financing</b></p>                               | <ul style="list-style-type: none"> <li>• Medicaid reimbursement established through a Rehabilitation Option state plan amendment, known as Community Behavioral Health Rehabilitation Services in Georgia. Providers are paid per service, typically billed in 15-minute units using HCPCS code H0038.</li> </ul>  |



## North Carolina: Care Manager Extenders in Tailored Medicaid Managed Care Plans

On July 1, 2024, North Carolina Medicaid launched [Behavioral Health and Intellectual/Developmental Disabilities \(I/DD\) Tailored Plans](#). These specialized Medicaid managed health plans serve individuals, including children and youth, with complex needs such as serious mental health or substance issues, I/DD, or a traumatic brain injury (TBI). Operated by four local entities, Tailored Plans cover a range of services to address these specialized health needs. [Tailored Care Management](#) (TCM) is a core Tailored Plan service that offers support navigating Medicaid systems, connecting with providers, scheduling and arranging transport to appointments, managing care teams, coordinating prescriptions and medical supplies, and accessing resources for housing, food, employment, and education.

Individuals can obtain TCM through a care manager operating from either the Tailored Plan or certified community-based organizations with experience addressing the primary care (e.g., Advanced Medical Home Plus practices) or behavioral health and I/DD (e.g., Care Management Agency) needs of the member. These organizations receive a retrospective monthly payment for each enrolled member who receives TCM during the month.

As part of the Tailored Plans, [care manager extenders](#) are paraprofessionals that support the member's dedicated care manager in delivering integrated, multi-disciplinary care. Extenders must have had or cared for an individual with I/DD, a TBI, or a behavioral health condition and previously navigated the state's Medicaid program. In addition to a [comprehensive training curriculum](#) for all extenders, paraprofessionals serving children, youth, and families must also complete specific trainings on effectively meeting their needs. Care manager extender responsibilities may include member contact and outreach, coordination of appointments and services, health education and promotion activities, and support with referrals and care planning. [Financial modeling](#) by the state determined that, because extenders provide these functions in place of the care manager and free up their time to address more intensive needs, they have made care management more efficient.

**Figure 2: North Carolina’s Care Manager Extenders<sup>4</sup>**

|   |  |
|---|--|
| <p><b>Qualifications</b></p>                          | <ul style="list-style-type: none"> <li>• At least 18 years of age</li> <li>• High school diploma or equivalent</li> <li>• Meets one of the following requirements:                             <ul style="list-style-type: none"> <li>– Lived experience with I/DD or a TBI, with knowledge or experience navigating North Carolina Medicaid</li> <li>– Lived experience with a behavioral health condition and qualified as a <a href="#">Certified Peer Support Specialist</a></li> <li>– Lived experience as a parent or guardian of an individual with I/DD, a TBI, or behavioral health condition, with experience providing care and navigating North Carolina Medicaid for that individual</li> <li>– Two years of paid experience performing the responsibilities of a care extender, with at least one year working with the tailored care management population</li> </ul> </li> </ul> |
| <p><b>Training and certification requirements</b></p> | <ul style="list-style-type: none"> <li>• Completion of the <a href="#">Tailored Care Management Curriculum</a>, which includes specific trainings based on the populations served, such as children and children with complex needs</li> <li>• Training with practical, hands-on modalities (e.g., role play, call scripts, practice sessions)</li> </ul>  |
| <p><b>Supervision requirements</b></p>                | <ul style="list-style-type: none"> <li>• Supervised by a care manager operating from one of the following:                             <ul style="list-style-type: none"> <li>– An Advanced Medical Home Plus (AMH+) primary care practice that is certified to provide tailored care management</li> <li>– A Care Management Agency (CMA) organization that provides behavioral health or I/DD services and is certified to provide tailored care management</li> <li>– A Tailored Plan or Prepaid Inpatient Health Plan</li> </ul> </li> </ul>   |
| <p><b>Populations served</b></p>                      | <ul style="list-style-type: none"> <li>• Medicaid-eligible individuals who qualify for tailored care management because they have one of the following:                             <ul style="list-style-type: none"> <li>– I/DD</li> <li>– Serious mental illness (SMI) or serious emotional disturbance (SED)</li> <li>– Severe substance use disorder</li> <li>– TBI</li> </ul> </li> </ul>  |
| <p><b>Available services</b></p>                      | <ul style="list-style-type: none"> <li>• Outreach, engagement, and follow-up with members</li> <li>• Coordination of services and appointments</li> <li>• Providing and tracking referrals</li> <li>• Connections to community resources and social supports</li> <li>• Health promotion activities and knowledge sharing</li> <li>• Support addressing potential health-related resource needs</li> </ul>   |
| <p><b>Financing</b></p>                               | <ul style="list-style-type: none"> <li>• AMH+ practices, CMAs, and Tailored Plans receive a monthly payment rate (<a href="#">\$294.86</a>) for each member enrolled in tailored care management, which they use to staff care manager extenders. They also receive an add-on payment rate (<a href="#">\$79.73</a>) for individuals with higher acuity needs enrolled in certain 1915(c) waivers or obtaining 1915(i) services</li> </ul>   |



## Rhode Island: Community Health Workers and Pathways to Support Families

Through an array of cross-sector [policy efforts](#), Rhode Island has formalized the [community health worker](#) (CHW) position to address access to health care for all populations, including CCCN. In 2016, the Rhode Island Department of Health (RIDOH) [adopted](#) certification standards for CHWs, partnering with local organizations to operationalize trainings and processes. RIDOH founded a CHW Strategy Team to shape CHW policy, align the state's CHW initiatives, and promote the CHW workforce in addressing health related social needs. This has resulted in Rhode Island's CHWs connecting people — often in their same community — to health and social services, supporting care coordination, providing health education, and improving health systems and policies.

As part of its focus on CCCN, RIDOH's [Title V Maternal and Child Health Services Block Grant](#), partners with the [Rhode Island Parent Information Network](#) (RIPIN) to train and employ CHWs to provide system navigation, advocacy assistance, and training and education to families of CCCN. Additionally, [parent consultants](#) — CHWs who have personal or professional experience navigating pediatric systems — help coordinate care for families of young children in early intervention or early hearing detection and intervention services. RIPIN employs the most certified CHWs in the state, highlighting Rhode Island's commitment to using the role to address the health of CCCN.

The state received initial approval for CHWs to be covered as a state plan benefit from the Centers of Medicare and Medicaid Services and receive Medicaid reimbursement in 2022. Rhode Island updated its CHW [state plan amendment](#) in 2025 to provide additional clarity regarding billing practices for CHWs, as well as to outline service limitations to ensure alignment with program goals.

**Figure 3: Rhode Island’s Community Health Workers, 2025**<sup>5,6,7,8,9</sup>

|   |  |
|---|--|
| <p><b>Qualifications</b></p>                          | <ul style="list-style-type: none"> <li>• No requirements beyond completing CHW training and certification</li> </ul>   |
| <p><b>Training and certification requirements</b></p> | <ul style="list-style-type: none"> <li>• 70 total hours of training in <a href="#">core CHW domains</a>, with additional specialty training options, offered by five different community organizations:             <ul style="list-style-type: none"> <li>– <a href="#">Community Health Worker Association of Rhode Island</a></li> <li>– <a href="#">Clinica Esperanza/Hope Clinic</a></li> <li>– <a href="#">Community Health Innovations of Rhode Island</a></li> <li>– <a href="#">Centro de Innovación Salud y Bienstar</a></li> <li>– <a href="#">Rhode Island Support Network</a></li> </ul> </li> <li>• Certification by the <a href="#">Rhode Island Certification Board</a>, which requires:             <ul style="list-style-type: none"> <li>– Six months of full-time or 1000 hours of part-time CHW-related experience</li> <li>– 50 hours of supervision of qualifying work experience</li> <li>– A portfolio of work and signed volunteer/job description</li> <li>– Renewal every two years</li> </ul> </li> </ul> |
| <p><b>Supervision requirements</b></p>                | <ul style="list-style-type: none"> <li>• 50 hours of on-the-job supervision of qualifying work experience to obtain initial certification</li> </ul>   |
| <p><b>Populations served</b></p>                      | <ul style="list-style-type: none"> <li>• Every community interacting with the health care system, including all ages, abilities, and backgrounds</li> <li>• Many CHWs in the state, including those employed by the <a href="#">Rhode Island Parent Information Network</a>, focus on supporting individuals and children with special health care needs and their families</li> <li>• Based on medical necessity for Medicaid reimbursement</li> </ul>  |
| <p><b>Available services</b></p>                      | <ul style="list-style-type: none"> <li>• Health system navigation</li> <li>• Connecting individuals and families to health and social services, including core child services for children and youth</li> <li>• Care coordination and support</li> <li>• Health education and promotion</li> <li>• Understanding and addressing the cultural needs of individuals and the community</li> <li>• Approved CHW services for Medicaid reimbursement include health system navigation and resource coordination, health education and training, and health promotion and coaching</li> </ul>  |
| <p><b>Financing</b></p>                               | <ul style="list-style-type: none"> <li>• Many of the state’s CHW services are financed through grants, including both public and private funding</li> <li>• Medicaid reimbursement established through a <a href="#">state plan amendment</a>; the <a href="#">Rhode Island Medicaid CHW Program Manual</a> provides information regarding billing codes and guidelines, with fee-for-service billing and managed care reimbursement</li> </ul>  |

## Conclusion

Georgia, North Carolina, and Rhode Island outline three distinct paraprofessional models yet also offer common approaches for states to formalize and expand the paraprofessional workforce serving CCCN. Strategies include leveraging cross-agency and community partnerships to design roles, establishing Medicaid reimbursement, creating certification and training credentials related to CCCN, and offering specific services to address chronic and complex needs. Through paraprofessionals, states can support access to community- and family-centered care and improve health care delivery systems for children, youth, and families.

## Endnotes

1. Georgia Department of Behavioral Health and Developmental Disabilities. “Certified Peer Specialists.” <https://dbhdd.georgia.gov/recovery-transformation/cps>.
2. Georgia Department of Behavioral Health and Developmental Disabilities. *Provider Manual for Community Behavioral Health Providers*. September 1, 2025. <https://dbhdd.org/files/Provider-Manual-BH.pdf>.
3. Georgia Parent Support Network. “Certified Peer Specialist - Youth (CPS-Y).” <https://www.gpsn.org/cps-y/>.
4. NC Medicaid, Division of Health Benefits. *Guidance on the Use of Care Manager Extenders in Tailored Care Management*. 2022. <https://medicaid.ncdhhs.gov/use-care-manager-extend-tailored-cm/download?attachment>.
5. State of Rhode Island Department of Health. “Community Health Workers.” August 20, 2025. <https://health.ri.gov/community-health-workers>.
6. State of Rhode Island Executive Office of Health & Human Services. *Rhode Island Medicaid Community Health Worker Program Manual*. 2025. <https://eohhs.ri.gov/sites/g/files/xkgbur226/files/2025-08/CHW-Medicaid-ProviderManual-V4.2-FINAL-2025-08-13.pdf>.
7. Community Health Worker Association of Rhode Island. “Getting Started as a CHW in RI.” *Rhode Island College Institute for Education in Healthcare*. <https://chwari.org/how-to-get-started-as-a-chw-in-ri/>.
8. National Academy for State Health Policy. *State Community Health Worker Policies: Rhode Island*. April 2, 2025. <https://nashp.org/state-tracker/state-community-health-worker-policies/rhode-island/>.
9. Dunklee, Brady. *Community Health Workers in Rhode Island: Sustaining a Growing Public Health Workforce in the Pandemic and Beyond*. State of Rhode Island Department of Health, 2021. <https://health.ri.gov/sites/g/files/xkgbur1006/files/publications/reports/2021CommunityHealthWorkersInRhodeIsland.pdf>.

## Author

Zack Gould

## Acknowledgements


Many thanks to Heather Smith and Karen VanLandeghem for contributing to this resource by leading state-to-state discussions and offering guidance and review. NASHP also extends its sincere thanks and appreciation to the individuals at the state level who supported this work and shared and/or reviewed the examples included.

Support for this work was provided by the Lucile Packard Foundation for Children’s Health. The views presented here are those of the authors and do not reflect those of the Foundation or its staff. The Foundation’s Program for Children with Special Health Care Needs invests in creating a more efficient and equitable system that ensures high-quality, coordinated, family-centered care to improve health outcomes for children and enhance quality of life for families. Learn more on the [Foundation’s website](#).



Visit [nashp.org](https://nashp.org)  
for more information.

 @NASHPhealth

 NASHP