Integrating Community Health Worker Models into Evolving State Health Care System

February 23, 2015, 1:30-3:00 p.m. Eastern

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<td>1:30-1:35 p.m.</td>
<td><strong>Introduction</strong></td>
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<td>1:35– 1:45 p.m.</td>
<td><strong>An Overview of Federal Investment in CHWs</strong></td>
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<td>• Thomas Pryor, Project Officer, United States Public Health Service, Center for Medicare and Medicaid Services Innovation Center</td>
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<td>1:45–2:30 p.m.</td>
<td><strong>Insights from the States</strong></td>
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<td>• Kari Armijo, Health Care Reform Manager, New Mexico Human Services Department</td>
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<td>• Allie Gayheart, Manager of Health Initiatives, South Carolina Department of Health and Human Services</td>
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<td>• Gail Hirsch, Director, Office of Community Health Workers, Massachusetts Department of Public Health</td>
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<td>2:30–2:55 p.m.</td>
<td><strong>Question and Answer</strong></td>
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<td>2:55-3:00 p.m.</td>
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An Overview of Federal Investment in Community Health Workers

Commander Thomas Pryor
Project Officer,
United States Public Health Service,
Center for Medicare and Medicaid Services
Innovation Center
CMS Innovation Health Care Innovation Awards (HCIA)

- 104 awards with over 60% utilization of CHW and/or other non-licensed direct service/care workers.

- January 2014 initiated a CHW working group for awardees.
  - Focus areas include:
    - roles/functions;
    - sustainability;
    - reimbursement;
    - measures/outcomes.

- Standard Occupational Classification for CHWs:
  - 1st Federal Register notice soliciting public input May-July
  - 2nd Federal Register notice requesting comments on recommendations Spring 2015. [www.bls.gov/SOC](http://www.bls.gov/SOC)
Today’s Panel

**Moderator: Commander Thomas Pryor**
Project Officer, United States Public Health Service, Center for Medicare and Medicaid Services Innovation Center

**Kari Armijo**
Health Care Reform Manager,
New Mexico Human Services Department

**Allie Gayheart**
Manager of Health Initiatives, South Carolina Department of Health and Human Services

**Gail Hirsch**
Director, Office of Community Health Workers,
Massachusetts Department of Public Health
How is your state defining CHWs?

Tell us what your state is doing at statereforum.org
Defining the CHW Workforce

Public health workers who apply their unique understanding of the experience, language, and/or culture of the populations they serve in order to carry out one or more of the following roles:

- Provide culturally appropriate health education, information, and outreach in community-based settings, such as homes, schools, clinics, shelters, local businesses, and community centers;

- Bridge/culturally mediating between individuals, communities and health and human services, including actively building individual and community capacity;

- Assist people to access the services they need;

- Provide direct services, such as informal counseling, social support, care coordination, and health screenings; and

- Advocate for individual and community needs.
Defining the CHW Workforce

CHWs are distinguished from other health professionals because they:

- Are hired primarily for their understanding of the populations and communities they serve;
- Conduct outreach a significant portion of the time in one or more of the specified categories;
- Have experience providing services in community settings.
New Mexico Medicaid and Community Health Workers

- New Mexico has a long tradition of trusted community members supporting and educating their neighbors on health related issues.
- 32 out of NM’s 33 counties have HRSA health professional shortage areas (HPSAs) for primary medical care.
- “CHW” has been a catch-all term used to refer to a broad scope of roles and responsibilities:

<table>
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<th>Promotores(a) de salud</th>
<th>Peer educators</th>
<th>Community support workers</th>
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<td>Client advocates</td>
<td>Public health aides</td>
<td>Outreach specialists</td>
</tr>
<tr>
<td>Family service workers</td>
<td>Consejera/animadora</td>
<td>Lay health advisors</td>
</tr>
<tr>
<td>Harm reduction specialists</td>
<td>Tribal community health representatives</td>
<td>Patient navigators</td>
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New Mexico and Community Health Workers

- New Mexico CHW definition - APHA CHW Section:

“A 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 CHW 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. A CHW also builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support and advocacy.”
Defining the CHW Workforce

Through the South Carolina Department of Health and Human Services Health Access at the Right Time (HeART) committee and the South Carolina Community Health Worker Association, leaders are working together to create a standard definition and scope of practice for certified CHWs.

The purpose is to create an expectation for providers and organizations that employ certified CHWs to have a certain level of skill set and knowledge.

Program Goals:

1. To increase value of the partnership between recipients and health care providers;
2. To decrease emergency room visits, hospitalizations and hospital readmissions;
3. To improve Medicaid members’ engagement in their health care management; and
4. To reduce costs and improve health outcomes.
Defining the CHW Workforce

The CHW definition includes:
- Recognition of certification;
- CHWs as trusted members of the community served;
- Identification of health needs;
- Addressing social determinants of health;
- Connecting clients to the health care system and social support resources;
- Building individual and community capacity by increasing health knowledge; and
- Improving cultural competence of service delivery.

South Carolina CHW certification program is currently in the pilot phase.

The Phase 1 model has primary care practices that employ certified CHWs.

South Carolina is looking at different care environments for Phase 2 of certified CHWs including partnerships with community based organizations, managed care plans, school based health clinics and other SCDHHS health initiatives.
How is your state incorporating CHWs into payment and delivery system reform initiatives?

Tell us what your state is doing at statereforum.org
New Mexico and Community Health Workers

- CHWs included in Centennial Care to address population health issues and supplement primary care:
  - Improve health and health care literacy;
  - Make linkages to community supports; and
  - Support care coordination.
- Linked CHWs to care coordination.
- The waiver’s budget neutrality “covers” the additional cost of care coordination.
NM Managed care contract language promotes the use of CHWs

“The CONTRACTOR shall encourage the use of Community Health Workers in the engagement of Members in care coordination activities.”

“…specifically, the CONTRACTOR shall make Community Health Workers available to Members to, among other things:

- Offer interpretation and translation services;
- Provide culturally appropriate health education and information;
- Provide informal counseling and guidance on health behaviors;
- Assist the Member and care coordinator in ensuring the Member receives all Medically Necessary Covered Services; and
- Assist in obtaining information about and access to available community resources.”
“Centennial Patient Support” pilot program is being developed to promote “…a comprehensive statewide approach to improve Medicaid patient support through a continuum of services.”

Participants include:
- UNM - Health Science Center Office for Community Health
- Molina Health Care of NM
- BCBSNM
- Hidalgo Medical Services (FQHC)
- NM Medicaid

The pilot leverages Centennial Care’s care coordination program to “…improve community health” and help members maintain or improve their health status.
CHWs in Payment and Delivery System Reform

- 2006 health reform law: CHW study and report to the legislature (Ch. 58)

- 2012 cost containment law – Phase II (Ch. 224):
  - Prevention and Wellness Trust Fund
  - Health Care Workforce Transformation Fund
  - Inclusion in care teams for global payments

- Dual eligible demonstration project provides defined CHW services (One Care)
CHWs in Payment and Delivery System Reform

- 1115 waiver for bundled payment pilot for high-risk pediatric asthma management with CHWs is underway

- Chronic disease prevention and management (CDC):
  - Studying use of CHWs at CHCs and other primary care
  - White Paper on CHW evidence and Triple Aim
  - Broad communication plan with providers
  - Best practices toolkit, TA and training
  - Developing plan to evaluate certification

- CMS Innovation Award – New England Asthma Innovation Collaborative
How does your state address training and certification of CHWs?

Tell us what your state is doing at statereforum.org
SCDHHS worked with the HeART committee and Midlands Technical College (MTC) to develop the CHW certification training and curriculum.

MTC provides CHW instructors to teach the certification course.

Certification training entails 120 hours in the classroom and 120 hours in the practice/community and is a 6 week full-time certification program.

Examples of course topics include: motivational interviewing, interpersonal skills, health coaching, safety assessments and basic medical knowledge.

Grandfathering is an option for CHW candidates who have had 3 years experience in a community outreach capacity; documentation required.

All CHWs must pass the certification exam to be considered a “Certified CHW”.

SCDHHS is Working with HeART stakeholder group to identify certification body to recognize CHWs as paraprofessionals in SC.
CHW Training and Certification

- DPH role in supporting and convening 4 existing core CHW training programs for 15+ years
- 2009 legislative report recommended certification (broad consensus)
- 2010 law created CHW Certification Board at DPH (occupational regulatory division – Ch. 322)
- Board (appointed by governor; includes 4 CHWs) developing regulations for individual CHW certification and core training program approval
- Regulations in final stages of review; anticipated 2015 promulgation
- Acknowledged need for expanded training resources
CHW Training and Certification

Core competencies defined by CHW certification board, based on statute:

#1: Outreach Methods and Strategies
#2: Individual and Community Assessment
#3: Effective Communication
#4: Cultural Responsiveness and Mediation
#5: Education to Promote Healthy Behavior Change
#6: Care Coordination and System Navigation
#7: Use of Public Health Concepts and Approaches
#8: Advocacy and Community Capacity Building
#9: Documentation
#10: Professional Skills and Conduct
In January 2013, Governor Martinez decided to expand Medicaid to low-income adults.

In 2014, the Governor’s office supported a number of bills all focused on increasing the NM health care workforce.

One bill directed and funded the NM Dept. of Health to create a CHW certification program.
Certification Program for CHWs in NM

- Goals of certification:
  - Use certification to create a health care workforce career path;
  - Establish standardized training with core competencies and specialty focus areas;
  - Certified CHWs are more attractive to potential employers, including Medicaid MCOs;
  - Recognize the contributions of CHWs;
  - Identify mechanisms to secure CHW funding/compensation.
What are the principle mechanisms for funding CHW positions in your state?
Funding Mechanisms

- For Phase 1 participating primary care practices in the SCDHHS CHW program, SCDHHS provided a $6,000 grant:
  - $3,500 to pay for training; and
  - $2,500 CHW administrative stipend.

- Practices were required to employ the certified CHW.

- SCDHHS authorized 2 codes for reimbursement of CHW patient education, face-to-face encounters:
  - S9445 Individual Code- $20 per 30 minute unit; and
  - S9446 Group Code- $6 per member in a group for 30 minute unit.

- Managed care plans reimburse for CHW services.

- The Clinical Supervisor must submit CHW service codes through their NPI number to receive reimbursement.
Funding Mechanisms

- **Sustainability issue:** restrictions and limits to authorized codes for reimbursement; SCDHHS and the HeART committee are seeking to further define allowable services for reimbursement.

- SCDHHS and the HeART committee are working on a draft policy to submit a State Plan Amendment to CMS to have CHW recognized in South Carolina.
Financing CHW Participation in NM

- MCOs report medical care coordination costs in their quarterly financial reports.
- MCOs do not report CHW services through encounter claims.
- NM Medicaid does not pay directly for CHW services in the small FFS “program”, although FQHCs, IHS and other practices often employ CHWs.
Financing CHW Participation in NM

- The MCOs’ financial arrangements with CHWs include:
  - Direct employment with the MCO;
  - Contracting with agencies or groups that employ CHWs (especially good for Native American CHWs);
  - Contracting directly with independent CHWs;
  - Covering their costs as part of a care team (flat fee or per member per month), PCMH, etc.; and
  - Fee-for-service.
Financing CHW Participation in NM

- Pilot program contract with NM Medicaid for development using a mix of funding for the state share.
- Payments will be made by the MCO to the clinic.
- Payment from the MCOs will be a per member per month.
- Differing rates for the different levels.
- Must be replicable and disseminated to other FQHCs in the state.
Funding Mechanisms

- The Northeastern U. study with CHCs: mostly grants, some core operating; some foundation.
- Medicaid and private shift to alternative payment, ACOs.
- Ch. 224 encourages inclusion of CHWs in multidisciplinary teams for global fees; PCPRI.
- Building infrastructure to move forward to take advantage of CMS ruling for State Plan Amendment:
  - Qualified workforce;
  - Investigation of best practices and evidence re: outcomes and costs for preventive services; and
  - Financing mechanisms.
Funding Mechanisms

- The asthma bundled payment pilot will look at the ROI of asthma CHW services and if the cost is neutral, the services will be covered.

- The Prevention and Wellness Trust Fund will evaluate interventions – if there is a positive ROI, the trust might be refunded.

- The role of private insurers and MCOs needs to be explored.
How does your state partner across agencies or with outside organizations to advance the work of CHWs in your state?

Tell us what your state is doing at statereforum.org
Creating Partnerships

- Certification Board and other key advisory bodies building consensus towards policy decisions:
  - CHW Association (MACHW)
  - Multiple community-based CHW training programs and institutes of higher education
  - Community-based providers and hospitals
  - State agencies: Medicaid, AGO, DOL
  - Local/municipal health departments
  - Health plans (individual and state association)
  - CHCs and other primary care
  - Advocacy – state public health association, others
  - Foundations
- Importance of connection and collaboration with other states
Creating Partnerships

- SCDHHS Health Access at the Right Time (HeART) stakeholder committee consisting of 50 stakeholders statewide ranging from state agencies, providers, managed care plans and community stakeholders with an interest in achieving improved population health outcomes

- Managed Care Organization support for certified CHWs

- South Carolina Community Health Worker Association
  - Established by Community Based Organization leaders
  - Comprised of CHWs (certified and non-certified) and CHW allies throughout SC

- Stakeholder dedication to sharing experiences, policy development, workforce expansion and promotion
Audience Poll

What is your biggest challenge or hurdle to integrating community health workers into health care systems?

a. Financing the work of CHWs
b. Ensuring appropriate training and certification of CHWs
c. Defining roles and scope of practice of CHWs
d. Forming effective partnerships across state, health plan, and provider roles
Question and Answer

Submit your questions in the chat box on the left
Knowledge Network

Webinar speakers, moderator and these other experts will be available to answer your questions! Post them now on State Refor(u)m in our Community Health Workers discussion.

Anne De Biasi
Director of Policy Development
Trust for America’s Health (TFAH)

Steve Ferraina
Senior Analyst, Public Health Law &Policy
Association of State and Territorial Health Officials (ASTHO)

Carl Rush
Project on CHW Policy & Practice
University of Texas Institute for Health Policy

Monica Valdes Lupi
Chief Program Officer- Health Systems Transformation
Association of State and Territorial Health Officials (ASTHO)

https://www.statereforum.org/discussions/community-health-workers
# New State Refor(u)m CHW Chart

## State Community Health Worker Models

*Chart updated February 19, 2015*

As states transform their health systems many are turning to Community Health Workers (CHWs) to tackle some of the most challenging aspects of health improvement, such as facilitating care coordination, enhancing access to community-based services, and addressing social determinants of health. This chart highlights state activity to integrate CHWs into evolving health care systems in key areas such as financing, education and training, certification, and roles and scope of practice. The chart includes enacted state CHW legislation and provides links to state CHW associations and other leading organizations working on CHW issues in states. Click here for more details on how states are financing the work of CHWs.

Like all State Reforum research, this chart is a collaborative effort with you, the user. We are actively researching state CHW activity and will be updating this chart regularly. Know of something we should add to this compilation? Your feedback is central to our ongoing, real-time analytical process, so tell us in a comment, or email krebey@nwhp.org with your suggestions.

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<td></td>
<td>Source of funding for CHW work</td>
<td>Training requirements and core competencies</td>
<td>Requirements for state CHW certification</td>
<td>Enacted state CHW legislation</td>
<td>State association or leading organization</td>
<td>State definition of a CHW and key roles</td>
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<tr>
<td>AK</td>
<td>Community Health Aide Program (CHAP) funding support through Indian Health Service, the Derrill Commission (a federal agency) or federal Community Health Center funding (p.12).</td>
<td>Board-certified 3-4 week intensive training course; completion of designated number of practice hours and patient encounters; post-session learning needs and practice checklists; 200 hours village clinical experience; preceptorship; 80% or higher on CHAP exam, and 100% on statewide math exam. Four regional training centers.</td>
<td>Certification necessary to participate in the Community Health Aide/Practitioner program, and the Alaska Native Tribal Health Consortium.</td>
<td>HB 209 (enacted 1993): Community Health Aide Program (CHAP) provides grants for third parties to train community health aides as Community Health Practitioners with an exam at the end of training.</td>
<td>Alaska Community Health Aide Program</td>
<td>CHWs function as Community Health Aides, Practitioners, Dental Health Aides, and Behavioral Health Aides, each of whom is subject to specific standards of practice defined by Certification Board and in the CHAP manual.</td>
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<td>AR</td>
<td>Potential role for CHWs as care coordinators as defined in State Innovation Model Narrative.</td>
<td>Not currently.</td>
<td>Not currently.</td>
<td>Not currently.</td>
<td>Arkansas Community Health Worker Association</td>
<td>Potential role for CHWs in patient centered medical homes (PCMH); AR has nine CHWs employed by STAR Health Program, which promotes maternal and child health.</td>
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See you online!

- Webinar Q&A continues online at: https://www.statereforum.org/discussions/community-health-workers
- Find resources on the topic at: https://www.statereforum.org/resources/ under the category of Population Health
- Special collection on state marketplace enrollment reports: https://www.statereforum.org/state-marketplace-enrollment-rep
- Find webinar recording and slides at: http://www.statereforum.org/webinars
- Visit and register to participate: http://www.statereforum.org/user/register
- Questions? Email us: statereforum@nashp.org

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