



# State Health Agency Efforts to Support the CHW Workforce:

Findings from a Multi-state Learning Community

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# Presenter disclosures

(1) The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:

No relationships to disclose



# VISION

State and territorial health agencies advancing health equity and optimal health for all.

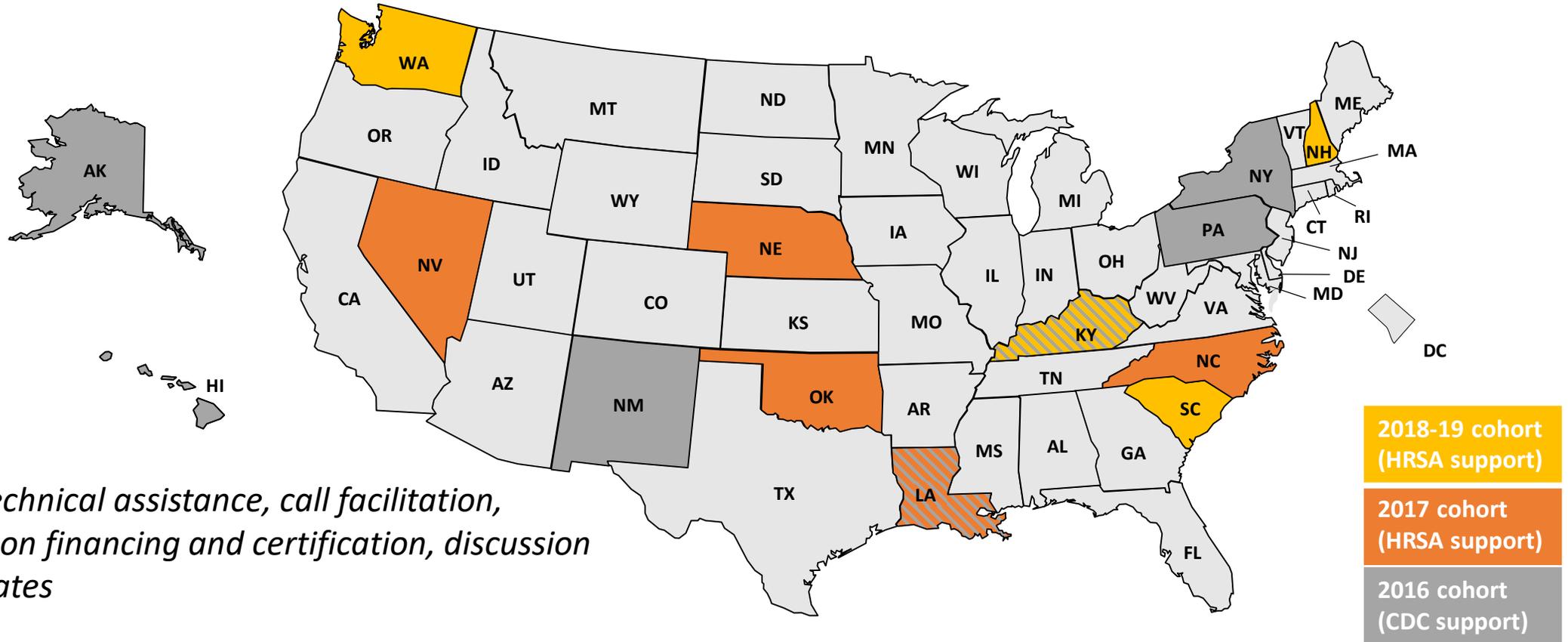
# MISSION

To support, equip, and advocate for state and territorial health officials in their work of advancing the public's health and well-being.

# ASTHO CHW Learning Community

- Supported by HRSA Cooperative Agreement
- Washington, Kentucky, South Carolina and New Hampshire
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# ASTHO CHW Learning Community (Mar. 2018-Mar. 2020)

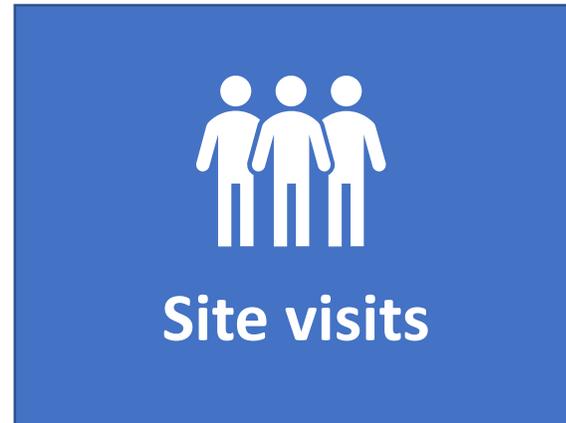


*Ad hoc technical assistance, call facilitation, research on financing and certification, discussion across states*

**CHW resources and presentations available at:**  
[www.astho.org/community-health-workers](http://www.astho.org/community-health-workers)

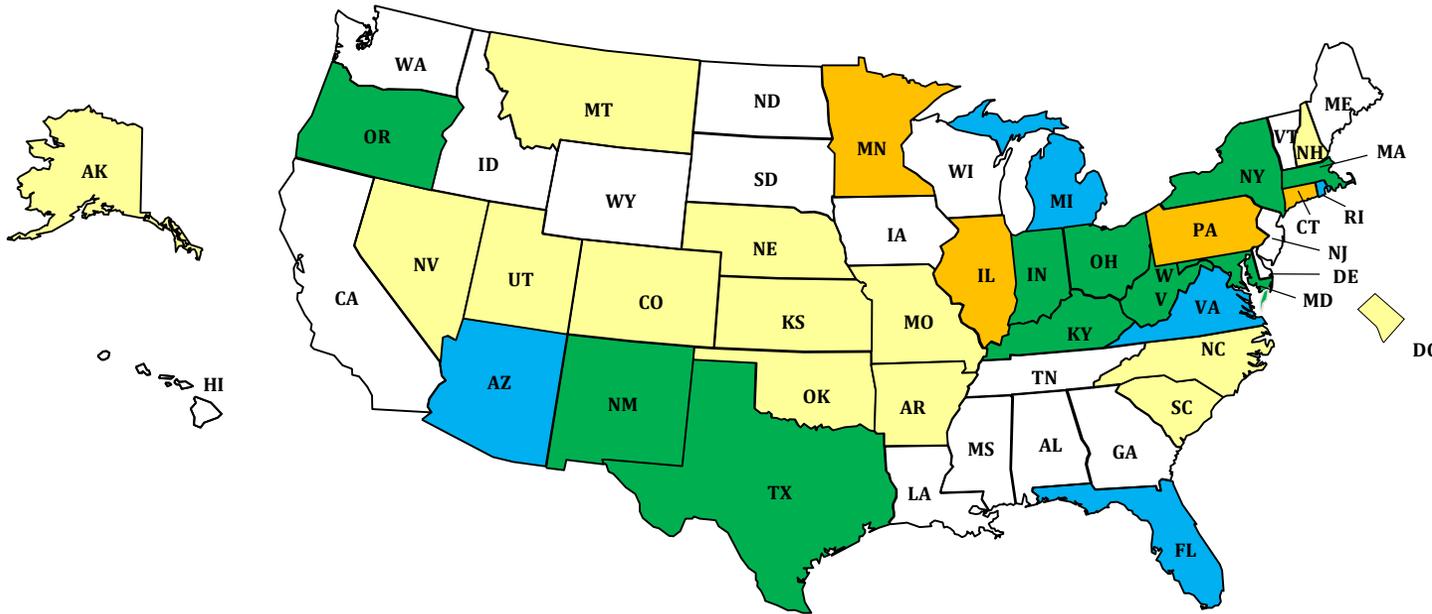
# Technical Assistance (TA) Plan

- State-specific TA
- Opportunities for cross-state learning
- Topic areas:
  - Certification
  - Strategic planning
  - Coalition building
  - Financing



# Wide variety of approaches to CHW certification

Updated Oct. 2019



State-operated program

(NY for MCH navigators only)

Privately-operated program

Program under development

Program under consideration

***No evidence-based best practice for determining where to house the program.***

***Will vary based on state context, resources, politics, etc.***

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# Lessons Learned: Important State Assets to Move Financing Forward

- ✓ Appreciation for many ways to finance CHWs; often many strategies already in action.
- ✓ State CHW Leadership—how can this be facilitated?
- ✓ Expertise from other states, national—can be helpful
- ✓ Leadership buy-in takes relationship building (public health, health systems, MCOs, quality directors, Medicaid, legislators).
- ✓ Build strategy—is there more opportunity from one angle than another?

# Lessons Learned: Important State Assets to Move Financing Forward—share the evidence!

Share evidence on the effectiveness and value of CHWs (e.g., CMMI study, Penn Center for CHWs, and others show reduced ED admissions, chronic disease management).\*\*

CMMI Health Care Innovation Awards Evaluation (<https://bit.ly/2FDGK4N>)

"Of six types of innovation components that we evaluated (i.e., used health IT, used community health workers, medical home intervention, focus on behavioral health, used telemedicine, workflow/process redesign intervention), **only innovations using community health workers (CHWs) were found to lower total costs (by \$138 per beneficiary per quarter).**"

Clinicians also reported spending between **30-50% less time arranging and coordinating social services and referrals.**



# Financing Mechanisms to Support CHWs:

Practical financing models

Interplay with certification

Importance of CHW leadership

# CHW Financing Opportunities

Provider-funded  
through Core Operating  
Budget/Community  
Benefit

Managed Care  
Contracts

Medicaid Fee Schedule

Alternative Payment  
Methods and  
Accountable Care  
Organizations

State Plan Amendment

*Sustainable CHW financing: A “Both/And” Approach*

# Grant funding for CHWs

**HOW:** Grant funds (e.g., CDC 1815 funds, HRSA, state grants) are used to pay CHW salaries or contracted positions.

**BENEFIT:**

- Widespread use, including in New Hampshire.
- Can be used to support CHW positions in full (versus reimbursement for specific services).

**DRAWBACK:**

- May not be consistently funded year-to-year.

# Provider-Funded through Core Operating Budget or Community Benefit Dollars

**HOW:** Commonly begins with pilot or demonstration (often financed with grant or employer community benefits funding).

- Involves a cost/benefit analysis, including ROI calculation.
- Positive financial and other outcomes lead to decision to include CHW positions in budget in ongoing basis.
- Decision and procedures internal to employer.

**BENEFIT:** Built-in evidence and recognition of financial and other value of CHWs to employers and patients. CHWs can provide a broad range of services.

**DRAWBACK:** Employers not paid by insurers (CHWs not direct source of income); however, there can be savings in integrated care systems from reduced emergency room use, reduced inpatient hospitalizations, reduced readmissions, etc.

# Medicaid Managed Care – *Capitated rates and payment flexibility*

**OVERVIEW:** Common for health plans to employ/pay for CHWs as administrative expense.

- CMS may offer greater flexibility by allowing cost of some CHW services to be treated as part of the cost of quality improvement
- Medicaid Managed Care requirements include care coordination and member engagement & flexibility to pay for —roles CHWs can play

**BENEFIT:** Increasing proportions of Medicaid members are in managed care

**DRAWBACK:** Low Medicaid payment rates can constrain innovation and risk-taking.

# Medicaid Managed Care – *Change in Contract Language to Require/Encourage Specified CHW Services in Plan Offerings*

**HOW:** Authority varies state-by-state (e.g., Medicaid director may require approval by legislature if change in contract contributes to a budget increase).

**BENEFIT:** Does not require a waiver or state plan amendment approval from CMS.

**DRAWBACK:** Can be cumbersome process to manage; need to wait for Medicaid managed care contract renegotiation period.

# Medicaid 1115 Demonstrations

**HOW:** Demonstration programs approved by CMS to test new delivery and payment mechanisms—usually for system reform

- Include changes to eligibility, benefits, cost sharing, and payments outside normal Medicaid rules
- Short-term but renewable (3-5 years)
- Must show budget neutrality over the approved period

**BENEFIT:** Wide variety of possibilities, depends on state

**DRAWBACK:** Without agreement on Delivery Service Reform Incentive Payment (DSRIP), no additional payments. Changes are specific to the program.

# Medicaid State Plan Amendment (SPA)

**OVERVIEW:** CMS approves changes to policies/approaches of a state Medicaid program.

**BENEFIT:** Ongoing compared to a Section 1115 Demonstration.

**DRAWBACKS:** State share will be an issue. If SPA is under 2014 Preventive Services ruling, reimburses CHWs for a very limited set of activities.

The preventive reimbursable services are limited to the following:

- the service must be a Medicaid-defined preventive service (can include counseling or investigating potential cause of condition);
- must be recommended by a physician or other licensed practitioners;
- must involve direct patient care; and
- must directly address the physical or mental health of the patient.

# Medicaid SPA Continued: Examples of CHW services

*Areas where CHWs could be reimbursed for their time – though fee-for-service financing not likely to support an entire full-time CHW salary.*

## **Discrete services that have been billed:**

- Diagnosis-related patient education services (e.g., childhood obesity or diabetes education)
- Blood pressure monitoring
- Medication Assisted Treatment (MAT)
- Group education
- Care coordination

## **Broader services, including SDOH (harder to bill, but important):**

- Housing service navigation
- Community advocacy
- Cultural brokerage

**CHW Core Consensus (C3) Project describes core skills as:**

1. Communication skills
2. Inter-personal and relationship-building skills
3. Services coordination and navigation
4. Capacity building
5. Advocacy
6. Education and facilitation
7. Individual and community assessments
8. Outreach
9. Professional skills and conduct
10. Evaluation and research
11. Knowledge base

# Central Element: CHW LEADERSHIP

<p><b>Arizona:</b> AZ DHS formed the Arizona CHW Workforce Coalition comprising of CHWs and supports sustainability of the workforce</p>	<p><b>Maryland:</b> In 2014, passed legislation to establish a Workgroup on Workforce Development for CHWs to make recommendations on CHW training, credentialing, and financing.</p>	<p><b>Massachusetts:</b> MACHWA (established in 2000) works with MADOH to adopt core competencies for CHWs and helped MA Health Care Reform Law ensuring that CHWs were highlighted.</p>	<p><b>New Mexico:</b> The NM CHW Advisory Council, whose membership includes CHWs was established in 2003 to advise NMDOH on statewide training and certification.</p>
<p><b>New Hampshire:</b> NH DHHS supports a CHW Coalition. The state has held four annual CHW Summits.</p>	<p><b>Kentucky:</b> The Kentucky Association of Community Health Workers (KYACHW) was formed in 2016. In addition, a current state CHW Advisory Workgroup includes CHW representatives.</p>	<p><b>South Carolina:</b> PASOS and South Carolina CHW Association (SCCHWA) active in the state, engaged with state health agency and involved in discussion on financing and certification.</p>	<p><b>Washington:</b> Multiple CHW associations and coalitions. WA DOH held a series of listening tours in 2019 to engage CHWs in discussions around training and education.</p>

**APHA Policy Statement: *Support for Community Health Worker Leadership in Determining Workforce Standards for Training and Credentialing***

...Encourages state governments and any other entities drafting new policies regarding CHW training standards and credentialing to **include in the policies the creation of a governing board in which at least half of the members are CHWs.** This board should, to the extent possible, minimize barriers to participation and ensure a representation of CHWs that is diverse in terms of language preference, disability status, volunteer versus paid status, source of training, and CHW roles.

Available at: <https://bit.ly/2uv9RBY>

# Thank you!

**CHW Resources Online (financing, certification, and more):**

**[www.astho.org/community-health-workers](http://www.astho.org/community-health-workers)**

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