

Community Health Workers – An overview of several state programs

New Services Subcommittee of the
SD Health Care Solutions Coalition

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Community Health Workers (CHWs)

The American Public Health Association (APHA) defines CHWs as:

- “...frontline public health workers who are trusted members of and/or have an unusually close understanding of the community served. This trusting relationship enables CHWs 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. CHWs also build 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.”
- There are many different titles used to refer to individuals in these types of positions, such as: *community health advisors, lay health advocates, promotoras, outreach educators, community health representatives, peer health promoters, and peer health educators.*
- Generally CHWs provide non-clinical services, but program models differ across states and across groups that use CHWs. Alaska Health Aides can provide limited clinical care as specially trained physical, behavioral or dental aides.
- CHW programs still are largely funded through grants; however, more states are looking at expanding reimbursement for CHWs through State Innovation Model (SIM) grants and through Medicaid.

Alaska

Alaska's Community Health Aide Program (CHAP) consists of a network of approximately 550 Community Health Aides/Practitioners (CHA/Ps) in more than 170 rural Alaska villages. The Alaska Tribal Health Consortium oversees the CHAP and serves as the statewide organization.

- **Financing** - CHAP is funded through the Indian Health Service, the Denali Commission (a federal agency) or federal Community Health Center funding.
- **Education** –required to complete a board-certified 3-4 week intensive training course, plus a certain number of practice hours and patient encounters; post-session learning requirements include 200 hours of village clinical experience, a preceptorship, 80% or higher on the CHAP exam, and 100% on the statewide math exam.
- **Certification** - must be certified by the CHAP Certification Board, which maintains training and practice standards and policies.
- **Roles** – can practice as community health aides/practitioners, dental health aides and behavioral health aides/practitioners, each with specific training and certification requirements.
- CHAP website - <http://www.akchap.org/html/home-page.html>

New Mexico

New Mexico's Medicaid program, Centennial Care, requires managed care organizations to use CHWs or Community Health Representatives (CHRs, specific to Native American enrollees). MCOs must provide CHWs/CHRs training on Centennial Care, including the integration of physical and behavioral health, as well as long-term services and supports.

- **Financing** - New Mexico covers CHW/CHR services in the capitation rates it sets with the MCOs.
- **Education** – varies among MCOs and CHW/CHR organizations.
- **Certification** - certification is voluntary, through the Department of Health via an approved training program and demonstrated proficiency in CHW core competencies. Continuing education required for recertification every two years.
- **Roles** - specifically, NM Centennial Care MCOs must use CHWs/CHRs to:
 - Improve member health literacy, offer interpretation and translation services, and provide culturally appropriate health education and information.
 - Assist members in navigating the managed care system, as well as in obtaining information about and access to available community resources.
 - Provide informal counseling and guidance on health behaviors, and assist members in receiving all medically necessary covered services.

Presbyterian Health Plan (PHP) - NM

- PHP is one of four MCOs providing services to Centennial Care members in New Mexico. It has more than 10,000 Native American members – most of whom have voluntarily chosen to enroll with PHP.
- PHP contracts with multiple Tribal Community Health Representative programs across the state for its Native American Centennial Care (Medicaid) members.
- PHP pays for CHRs to provide translation services, coordinate transportation, do health assessments, assist with e-doctor visits, provide health education and other supports for care coordinators and members.
- PHP negotiated a ratio with the NM Department of Human Services to allow a portion of its costs for CHRs to be counted as medical expenses (similar to the other Centennial Care MCOs). The admin costs are reduced as much as possible to help ensure that PHP is able to remain at or under the 15% MLR requirements for Medicaid MCOs.

Oregon

Oregon Medicaid uses **Coordinated Care Organizations (CCOs)**, risk-bearing entities to provide all Medicaid enrollees with physical health services, as well as behavioral health and dental care. CCOs are required to include “non-traditional healthcare workers” like CHWs on their care teams.

- **Financing** – Health promotion, comprehensive transitional care, individual and family support services, and referral to community and social support services are recognized CHW services under Oregon’s Health Homes program and are eligible for 90% funding for the first eight quarters of operation. Only certified CHWs may participate in Health Homes and a health professional must supervise a CHW in order for Medicaid to reimburse for services provided.
- **Education** - 80 hours of training and 20 hours of continuing education required every three years; training centers are certified through the Traditional Health Worker Commission.
- **Certification** - CHWs must be at least 18 or older and can apply for certification after finishing an Oregon Health Authority-approved training program. They can be grandfathered in if they have worked more than 3,000 hours during the past five years, and complete additional training.
- **Roles** - Core competencies include outreach and mobilization, community liaising, care management, care coordination, and system navigation, and health promotion and coaching.

South Carolina

South Carolina Medicaid's Healthy Connections Choices program (full-risk managed care) and Medical Home Network (MHN) Primary Care Case Management program use CHWs.

- **Financing** - CHW is a recognized service authorized for reimbursement under SC's Medicaid State Plan; providers bill SC Medicaid using unique CPT codes for individual or group CHW sessions.
 - Individual Encounter Code S9445-Patient education, not otherwise classified, non-physician provider, face to face, individual per session - \$20.00 per patient for no more than 4 units per day (30 min units=2 hrs) with no more than 8 units per month (4 hrs)
 - Group Encounter Code S9446 - Patient education, not otherwise classified, non-physician provider, face to face, group per session- \$6.00 per patient with a maximum of 5 recipients in a group for no more than 2 units (1 hr) maximum session per day with no more than 8 units (4 hrs) per month
- **Education** – Training curriculum developed by SC Dept. of Health and Human Services (SCDHHS) and Midlands Technical College includes 120 classroom hours and 120 practice hours, plus internship/mentorship requirement.
- **Certification** – SCDHHS is the only body certifying CHWs for Medicaid reimbursement, but there was a process to grandfather CHWs with at least 3 years experience; candidates must pass the CHW certification exam.
- **Roles** - CHWs working within the health care system can act as extenders to promote health in the most underserved populations and work with care team to improve access, quality of care and health outcomes.

Texas

The Texas Dept.. of State Health Services (DSHS) covers the majority of Medicaid beneficiaries through full risk managed care programs.

- **Financing** – Most funded through grants or core budget funding, and Medicaid includes CHWs in admin costs for MCOs (through 1115 waiver authority). DSHS’s expanded primary health care program allows outreach related services to be reimbursed. CHWs also are funded in a small number of Texas Delivery System Reform Incentive Program (DRSIP) projects by hospitals and other providers focused on health care improvements.
- **Education** – CHWs require 160 hours of training on eight standardized core competencies. Community colleges, other academic institutions, AHECs, FQHCs, a CHW network, and community-based organizations offer CHW trainings.
- **Certification** – DSHS established and operates a Promotor(a) or Community Health Worker Training and Certification Program for CHWs and instructors. Certification is for two years.
- **Roles** – per Texas State statute, CHWs “provide a liaison between health care providers and patients through activities that may include ... assisting in case conferences, providing patient education, making referrals to health and social services, conducting needs assessments, distributing surveys to identify barriers to health care delivery, making home visits, and providing bilingual language services.”

Washington

Washington's Apple Health Medicaid program provides the full range of physical health services, as well as most non-acute behavioral health services to most Medicaid enrollees in the state through MCOs, which include Health Homes that use CHWs.

- **Financing** – Allied health care staff (CHWs, peer counselors and other non-clinical personnel) participate as part of Washington's Health Homes program, which allows the state to receive Medicaid funding for each beneficiary served.
- **Education** – there is an eight-week training (in-person or online) through the Department of Health on core competencies and CHWs receive a certification of completion
- **Certification** – no current requirements for certification.
- **Roles** - Allied health care staff provide Health Home administrative support such as arranging for beneficiary transportation to appointments, mailing health promotion material, arranging for beneficiary transportation to appointments, and calling beneficiaries to facilitate face-to-face meetings with care coordinators.

Other CHW Resources & Information

APHA CHW information

<http://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2014/07/09/14/19/support-for-community-health-workers-to-increase-health-access-and-to-reduce-health-inequities>

HRSA CHW Toolkit

<http://www.hrsa.gov/ruralhealth/pdf/chwtoolkit.pdf>

NASHP State Community Health Worker Models, May 2015

<http://www.nashp.org/state-community-health-worker-models/>

Costs and Cost Effectiveness of CHWs: Evidence from a Literature Review, Sept. 2015

<http://www.human-resources-health.com/content/13/1/71/>

Questions?