

Pennsylvania Community Health Worker Policy Task Force

October 21, 2016

Goals of Policy Task Force

- Develop and advance strategies around a definition of CHWs and policies related to certification, financing, and measurement

CHW DEFINITION

Recommended CHW Definition – Part 1 of 2

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.

Recommended CHW Definition – Part 2 of 2

The roles of CHWs include:

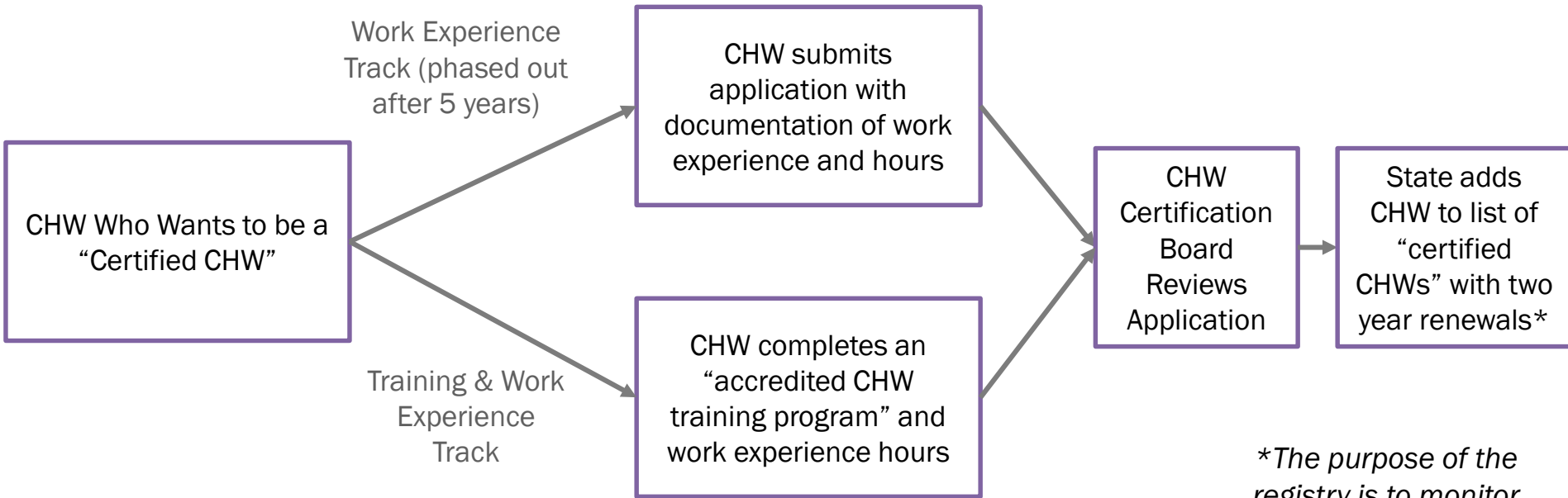
- Cultural Mediation Among Individuals, Communities, and Health and Social Service Systems
- Providing Culturally Appropriate Health Education and Information
- Care Coordination, Case Management, and System Navigation
- Providing Coaching and Social Support
- Advocating for Individuals and Communities
- Building Individual and Community Capacity
- Providing Direct Service
- Implementing Individual and Community Assessments
- Conducting Outreach
- Participating in Evaluation
- Enhancing community residents' ability to effectively communicate with health care providers

CERTIFICATION POLICY

Recommended CHW Certification

- The recommended certification policy is based on competencies and takes into account work experience
 - A voluntary certification policy is not a licensure policy. As a result, it would not limit who may work or call themselves a “CHW,” and it would create a title of a “certified CHW.”
- Goals of certification policies:
 - Increase awareness and recognition of CHW’s work
 - Support training and development opportunities for CHWs
 - Increase job stability
 - Provide an avenue for greater integration and involvement of CHWs in care teams
 - Increase opportunities for sustainable financing

CHW's Path to Certification (Recommendation)



**The purpose of the registry is to monitor and track who is a "certified CHW."*

CHW Certification – The CHW Certification Board (Recommendation)

- The Board would be a public-private partnership staffed by state agency (e.g., PADOH and PADOE) staff for administration roles (including but not limited to selecting the Board members through a nominations process) and comprised of stakeholders
 - 1/3 CHWs, 1/3 CHW program directors or trainers, and 1/3 “other stakeholders” (e.g., employers, public health representatives, citizen representative, health plans, and foundations)
 - The Board would have the authority to change this in order to adapt
 - Members would rotate every three years, with staggered participation
 - The Board would have the authority to change the amount of years in order to adapt

CHW Certification – The CHW Certification Board

- Recommended Roles
 - Establishes training standards for “accredited CHW training programs” based on CHW competencies (the competencies from the CHW Training Task Force) and work experience
 - Determines required work experience hours for the two certification tracks
 - Creates a standard process for approving and renewing CHW training programs as “accredited CHW training programs” (renewal process every five years)
 - This standard process could entail in-person or distance meetings with representatives from the Board and training program to review and discuss the materials and curriculum
 - Decides whether a training entity is an “accredited CHW training program” based on the standard decision-making process and operating rules
 - Maintains a publically available list of “accredited CHW training program”
 - Creates a template and best practices for pre and post competency assessment tools that CHW training programs could utilize

CHW Certification – The CHW Certification Board

- Recommend Roles (continued)
 - Sets age and education requirements for CHWs who apply for a certification
 - Creates and implements criteria based on work experience and/or required continuing education (CE) credits for “Certified CHWs” to renew their certification every two years
 - Sets standards and requirements for approval or acceptance of continuing education courses and programs as the board may require for the two-year renewal of a CHW certification
 - Creates a process for determining reciprocity for certified CHWs from other areas outside of Pennsylvania
 - Establishes a process and procedures for handling complaints related to CHW employers and training programs
 - Monitors the progress in U.S. around core consensus measures for CHWs
 - Performs such other functions and duties as may be required to carry out the roles of the Board

CHW Certification – Accredited CHW Training Programs

- Recommend Roles
 - Provides training that meets the standard competencies (at a minimum)
 - Uses a pre and post assessment of CHW competencies to monitor the impact of the training
 - The purpose of this is to help ensure that the training program is taking into account trainees' baseline competencies and monitoring the impact of their training.
 - Encouraged to offer free, online or in-person CE opportunities for CHWs
 - Reports the following to the CHW Certification Board:
 - the names of the CHWs who completed the accredited CHW training program, enabling the CHW Certification Board to review and verify applications from CHWs for certifications
 - the experiences, successes, and obstacles of the training program to help the CHW Certification Board and training program stay relevant to the needs of the CHW workforce
 - Seeks re-accreditation every five years

CHW Certification – Financing Recommendation

- This certification policy could be financed by several funding sources, such as state allocations, federal grants, Title V Maternal & Child Health Services Block Grant, grants from the private sector, funds from certification and accreditation fees, and/or an assessment from all insurers to support the quality of certification board

FINANCING POLICY

Financing Recommendation 1

- Medicaid MCO Capitated Payments
 - The HealthChoices MCOs receive a per member per month (PMPM) payment from the State. Part of the physical health (PH) administrative or clinical costs (as quality improvement activities) could be used to finance CHWs. This could be encouraged in the 2017-2019 contracts, and plans could list CHW services in benefit packages.
 - *Recommendation: Encourage the use of certified CHWs in the 2017-2019 PH MCO contracts, and list CHW services in the PH MCO's benefit package.*
 - The upcoming contracts for Community HealthChoices (CHC) MCOs (Medicaid managed long-term services and supports) could also encourage CHW services in the MCOs' PMPM payments.
 - *Recommendation: Encourage the use of certified CHWs in the CHC MCO contracts, and list CHW services in the CHC MCO's benefit package.*

Financing Recommendation 2

- Value-Based Payment Arrangements
 - The 2017-2019 State contracts for the Physical Health HealthChoices MCOs include goals to increase the percentage of value-based payments to providers: 7.5% in 2017, 15% in 2018, and 30% in 2019. Value-based payments could help employ CHWs, because the payments are at least in part tied to quality measures, which CHWs can help improve.
 - Similarly, Medicare fee-for-service is aiming to tie 85% of their payments to quality or value by the end of 2017 and 90% by the end of 2018 (in terms of alternative payment models, it's 50% by end of 2018). This includes the new CMS Quality Payment Program (MACRA) that includes a proposed performance period starting in 2017.
 - **Recommendation:** *Continue to increase the percent of the value-based payments, and communicate to health system employers how CHWs can impact the quality measures in the contracts and support the quality and cost goals of alternative models of care, such as Accountable Care Organizations and health homes.*

Financing Recommendation 3

- State Medicaid Health Homes
 - Section 2703 of the Affordable Care Act allows States to submit a State Plan Amendment to receive a 90% enhanced Federal Medical Assistance Percentage (FMAP) over two years for health home services provided to Medicaid beneficiaries with chronic conditions (services include comprehensive care management, care coordination, health promotion, comprehensive transitional care / follow-up, patient and family support, and referral to community and social support services)
 - **Recommendation:** Implement the Medicaid Health Homes and adjust a PMPM payment to the Health Home if they have a certified CHW on their team (include similar adjustments for other health home team members that go beyond the traditional primary care team)