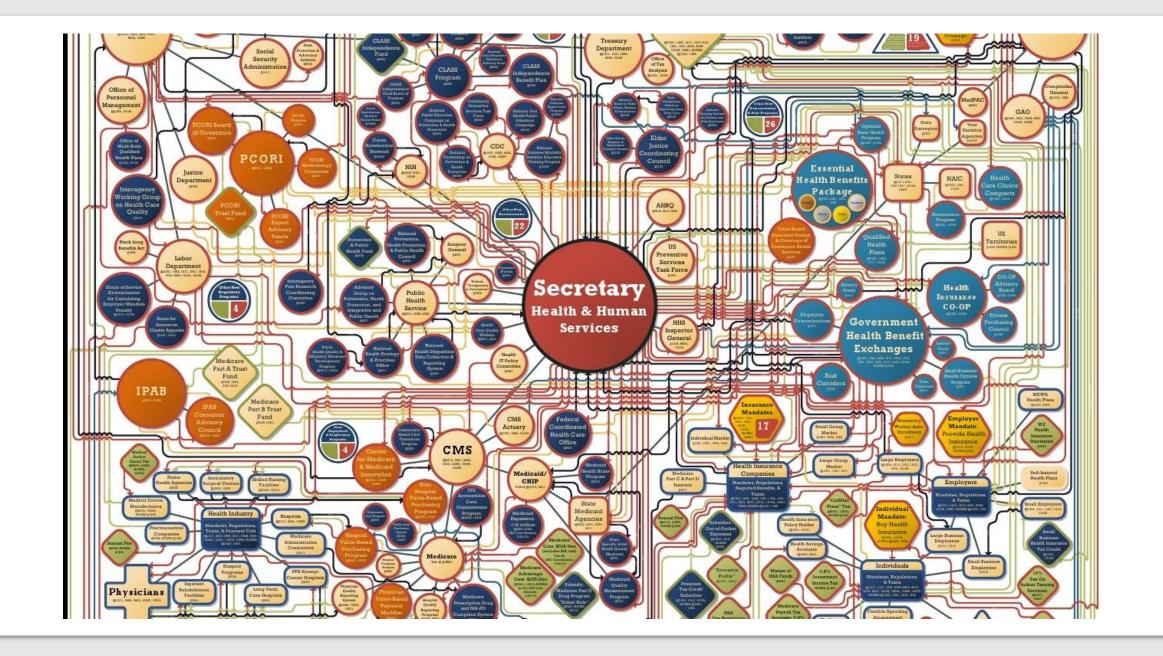
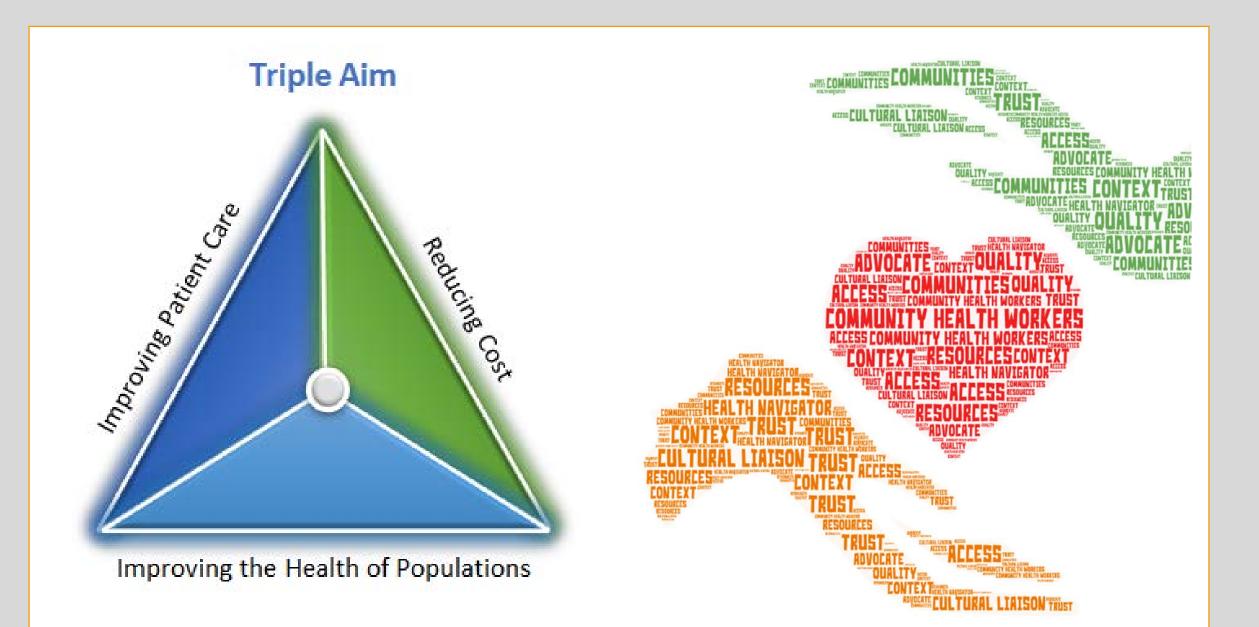
North Carolina Community Health Workers

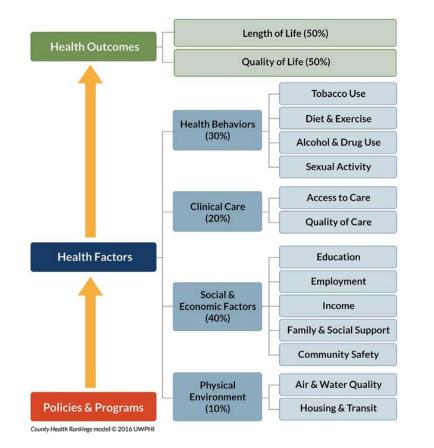
The contextual and community experts on the continuum of health

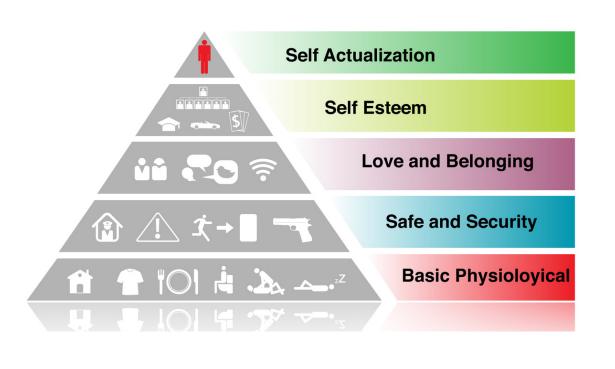
NCIOM Accountable Care Communities Taskforce Meeting

April 30, 2018









Whole Person Health

Mission

Establish a sustainable infrastructure that acknowledges the value of CHWs, supports their professional identity and integrates their role in the healthcare team.

Goals

- Identify core competencies for NC CHWs
- Recommend model training curriculum
- Develop model certification process
- Develop model program credentialing process
- Devise strategies for reimbursement of services

APHA

AMERICAN PUBLIC HEALTH ASSOCIATION

For science. For action. For health.

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 selfsufficiency through a range of activities such as outreach, community education, informal counseling, social support and advocacy.

NC CHW Definition



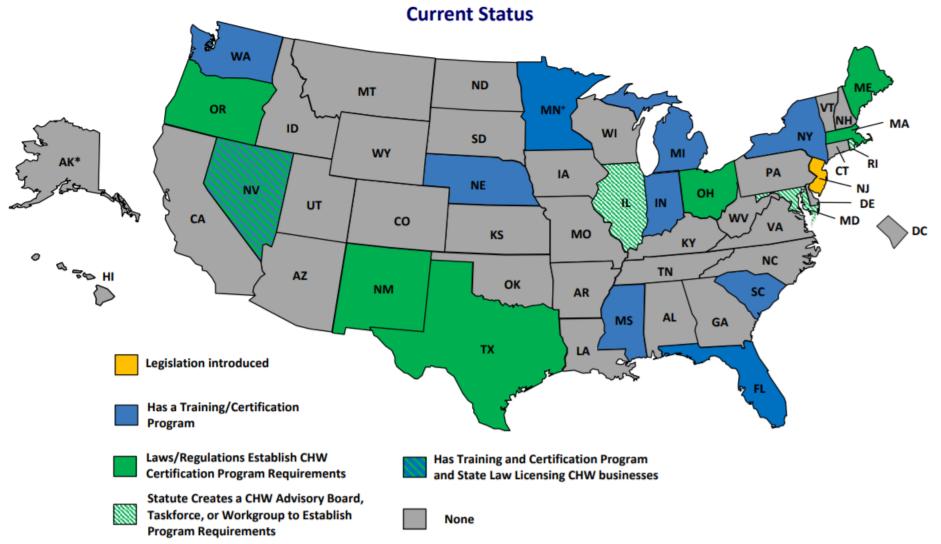


Why are CHWs distinctive and effective?

- Expertise is based on *shared life experience* and (usually) *cultural background* with population served
- Do not provide clinical care (e.g., diagnose or treat)
- Generally do not hold another clinical license
- Spend more time with people in home, community, and clinic
- Address social determinants of health
- Trusting relationships based on shared power and "Three C's" of community: Connectedness, Credibility, Commitment
- □ Core values based in equality, justice, empathy



Community Health Workers (CHWs) Training/Certification Standards



*AK does not have a state-run CHW training program, but statutorily provides community health aide grants for third-parties to train community health aides.

+MN also allows Medicaid payments for certified CHW services

astho

Nine Competencies

Four Roles

Standardized Training



COMMUNITY HEALTH WORKERS IN NORTH CAROLINA: CREATING AN INFRASTRUCTURE FOR SUSTAINABILITY

Final Report and Stakeholder Recommendations of the North Carolina Community Health Worker Initiative

9 Core Competencies

Communication Skills	Interpersonal Skills	Service Coordination Skills	Capacity Building Skills
Advocacy Skills	Education and Facilitation Skills	Outreach Skills	Knowledge Base
	Personal Skills and Development		

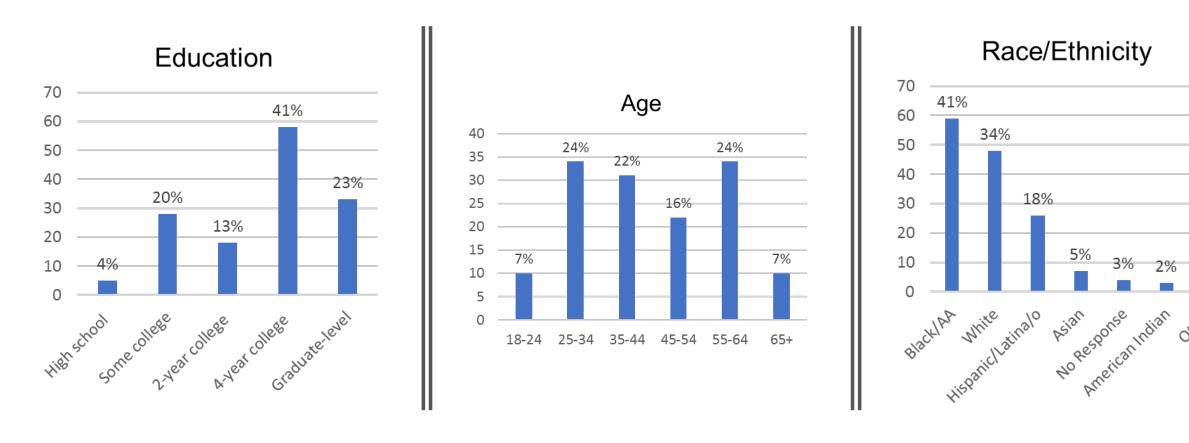


Cultural Liaisons Health Navigators Health and Wellness Promoters Advocates

NC Community Health Workers

North Carolina Community Health Worker Survey



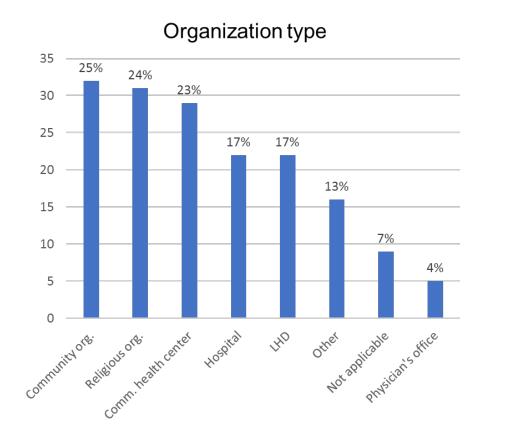


Findings: Demographics

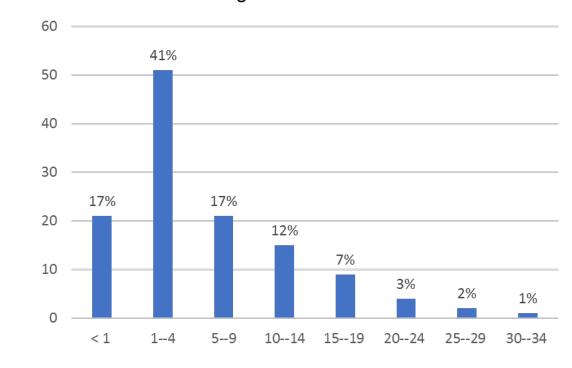
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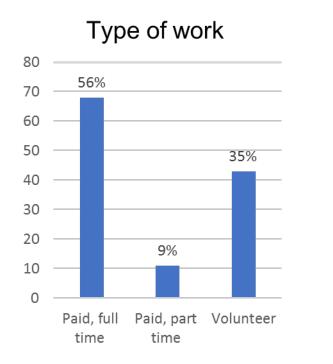
other

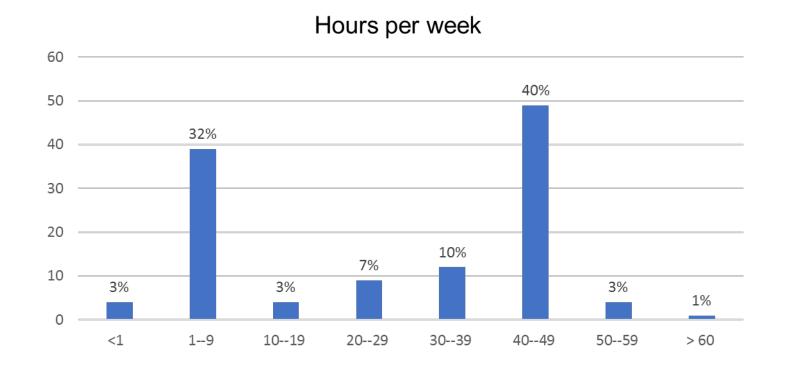


Years working as CHW in US

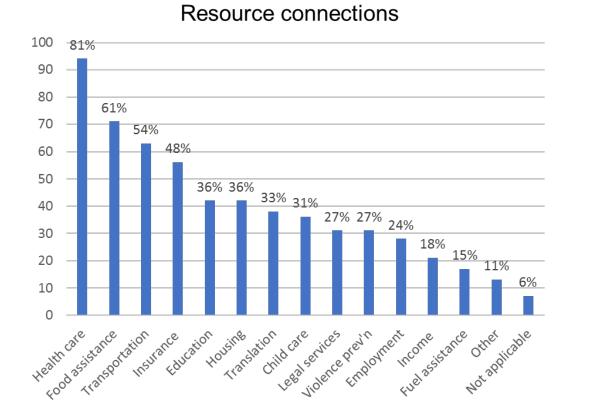


Findings: Employment

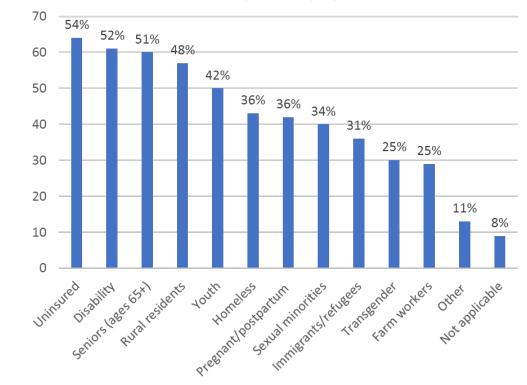




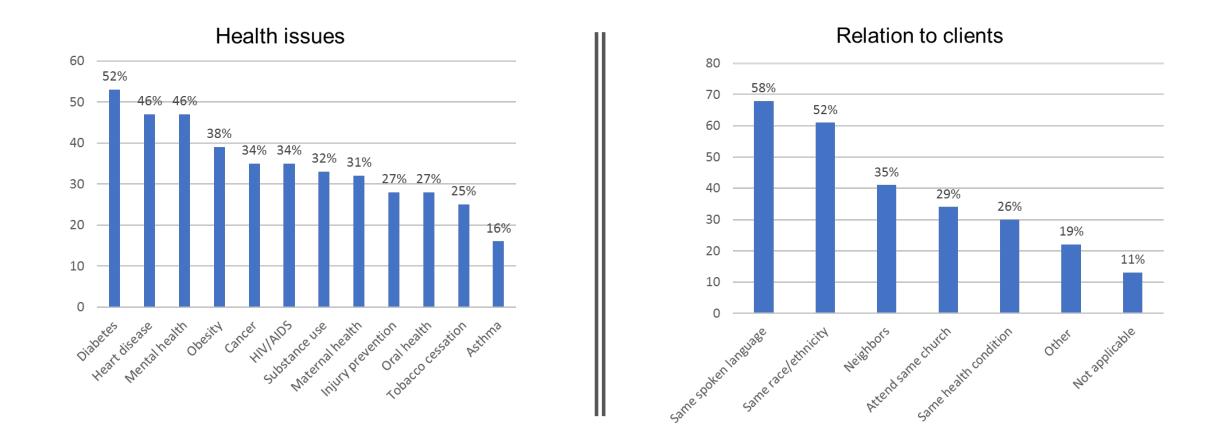
Findings Employment - Continued



Work with specific populations



Findings: Roles and Responsibilities



Findings: Roles and Responsibilities

What is the N.C. context for CHW financing?

- Medicaid program and health reform, managed care
- State of CHW integration into health systems
- Stage of CHW infrastructure (training, credentialing, CHW definition & scope of practice, core competencies, etc.)
- Features of stakeholder networks, engagement, and leadership (state health department support, CHW association, coalitions, etc.)



Why is Medicaid important?

Covers low-income populations served by CHWs

Influences other payers & providers legitimizes services, workforces

Center for Medicare & Medicaid Services (CMS) is leading delivery and payment reform—provides demonstration funding, waiver flexibility



Payment Mechanisms: Strategies and Options

Medicaid—policy level change and MMCOs

- 1115 waivers (including Delivery System Reform Incentive Payment (D\$RIP, dual eligible)
- State Plan Amendments
- Administrative payments
- Internal financing by providers
- FQHC prospective payments





Payment Mechanisms (continued)

Global or other alternative payments

Bundled payments for episodic or encounter-based payments

 Supplemental enhanced payment for specific purposes (per member per month wrap-around services for target populations)



Favorable Medicaid Trends

□ Waivers encouraged by new HHS Secretary

D\$RIP Waivers growing in popularity— (ACOs)

State Plan Amendments

Health Homes

Other (MN, SD) defining CHWs as a class of providers (MN Medicaid reimburses CHW services)



Medicaid administrative payments

States and providers already have

Flexibility to use Medicaid administrative payment

Very common for health plans to employ/pay for CHWs as administration expense

CMS open to treating CHWs as cost of quality improvement efforts

Gold standard=CHWs as part of total cost of care



Medicaid Managed Care Contracts Example: New Mexico

- Contracts now require use of CHWs for care coordination
- Plan must describe role of CHWs in patient education and list CHW services in benefits package
- KEY point: CHW care coordination costs factored into cost of services



Michigan Medicaid MCO re-bid RFP (2015)

- □ **Requires** plan to offer CHWs or peer support specialists to members with significant BH and/or complex care needs
- Specifies a range of CHW services, including home visits, referrals, self care education, advocacy with providers
- Each plan must establish payment method for CHW services
- Requires at least 1 FTE CHW per 20,000 members



Medicaid Higher Level Policy tools: 1115 Waiver

Demonstration programs approved by CMS to test new delivery and payment mechanisms

Short-term but renewable (3-5 years)

Commonly used by states to gain approval for system reforms to meet Triple Aim goals.



1115 Waiver example: Arkansas

- Demonstration of "Community Connectors" in home and communitybased long term care
- Private foundation funding used for nonfederal match
- Showed 3:1 net return in total cost of care
- State is expanding as part of regular Medicaid operations



1115 Waiver Example: Texas

- DSRIP grants financed delivery system reforms in safety net systems in exchange for sustained support for uncompensated care
- Created a Community Care Collaborative as integrated system for low-income in central TX

CHWs employed in over 300 local grants: navigation for ER users, care coordination and care transfers, and chronic disease selfmanagement support, "neighborhood engagement" in San Antonio.



1) CMS lists "Pathways to Health" model as a recommended model for care coordination

- **2)** Oregon requires CHWs and similar workforces be included and paid as part of their Coordinated Care Organizations (ACOs)
- ❑ 3) Rhode Island Medicaid is set to cover asthma home visiting model as a part of benefits package—often a CHW-led model
- **4) Health Homes** model in several states employ

CHWs (Maine, Michigan, Missouri, New York)

CHW models expansion random examples



Support	Support standardized Core Competency Training
Recognize	Support and recognize NC CHW Network
Pilot	Pilot models to contribute to the evidence base and Return on Investment (ROI) on population health
Support	Support the establishment of a NC CHW Certification and Accreditation Board
Support	Support sustainable funding; living wage
Provide	Provide necessary tools for success (EHR access)
Develop	Develop protocols within care teams that recognize CHWs contribution
Provide	Provide addition specialized training

NC CHW Workforce Development





NC Carolina CHW Initiative

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