

A Blueprint to Sustainability of CHW Work and Further Integration into Healthcare Delivery Teams

~ CHW's In The Mix: Interprofessional Collaborative Practice ~



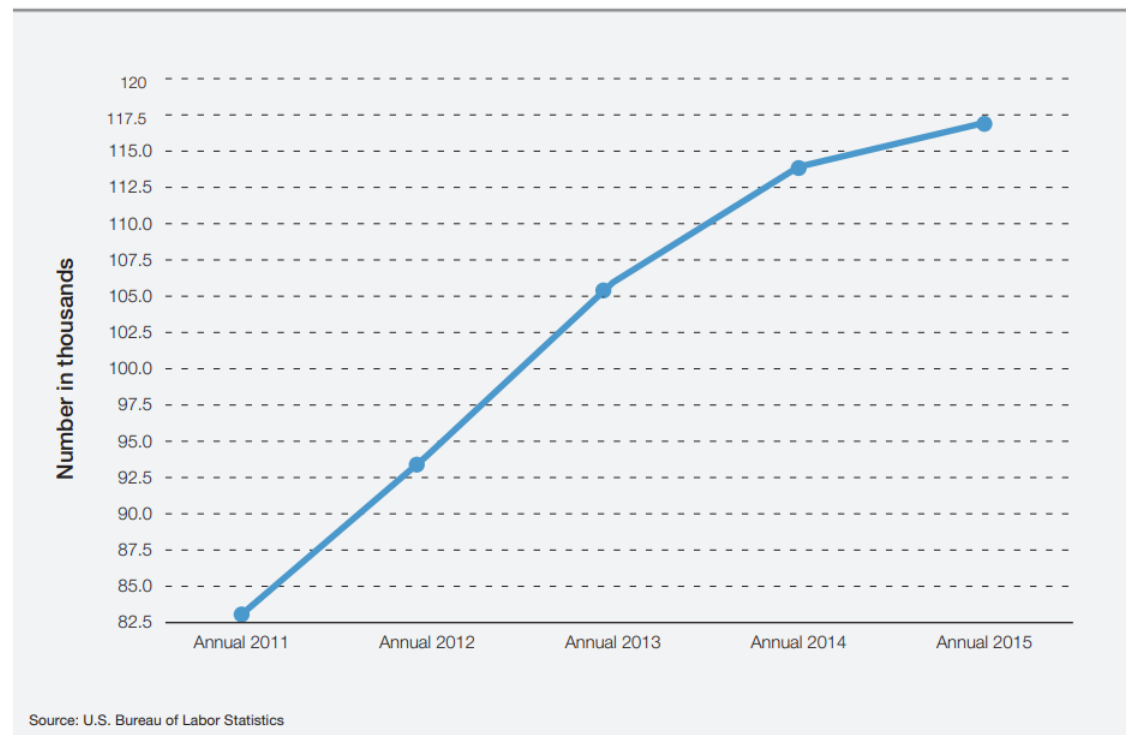
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December 7, 2019

Resurging interest in use of CHWs *promotores de salud* to support equity for minority and underserved populations

- [Healthy People 2020](#) launched in December 2010 to improve the nations' health— benchmarks include **collaborations**, **empowerment**, and **measuring impact**
- Extensive literature describes CHW roles which include **bridges** between vulnerable populations and healthcare systems.
- Partnerships across the U.S. and beyond aim to improve health and wellness through health education and various activities to help **prevent** (e.g., kidney disease and cancer screenings) and help **manage** prevalent diseases (e.g., diabetes, hypertension)

Number of Community and Social Service Specialists, Including Community Health Workers, Employed in the U.S.

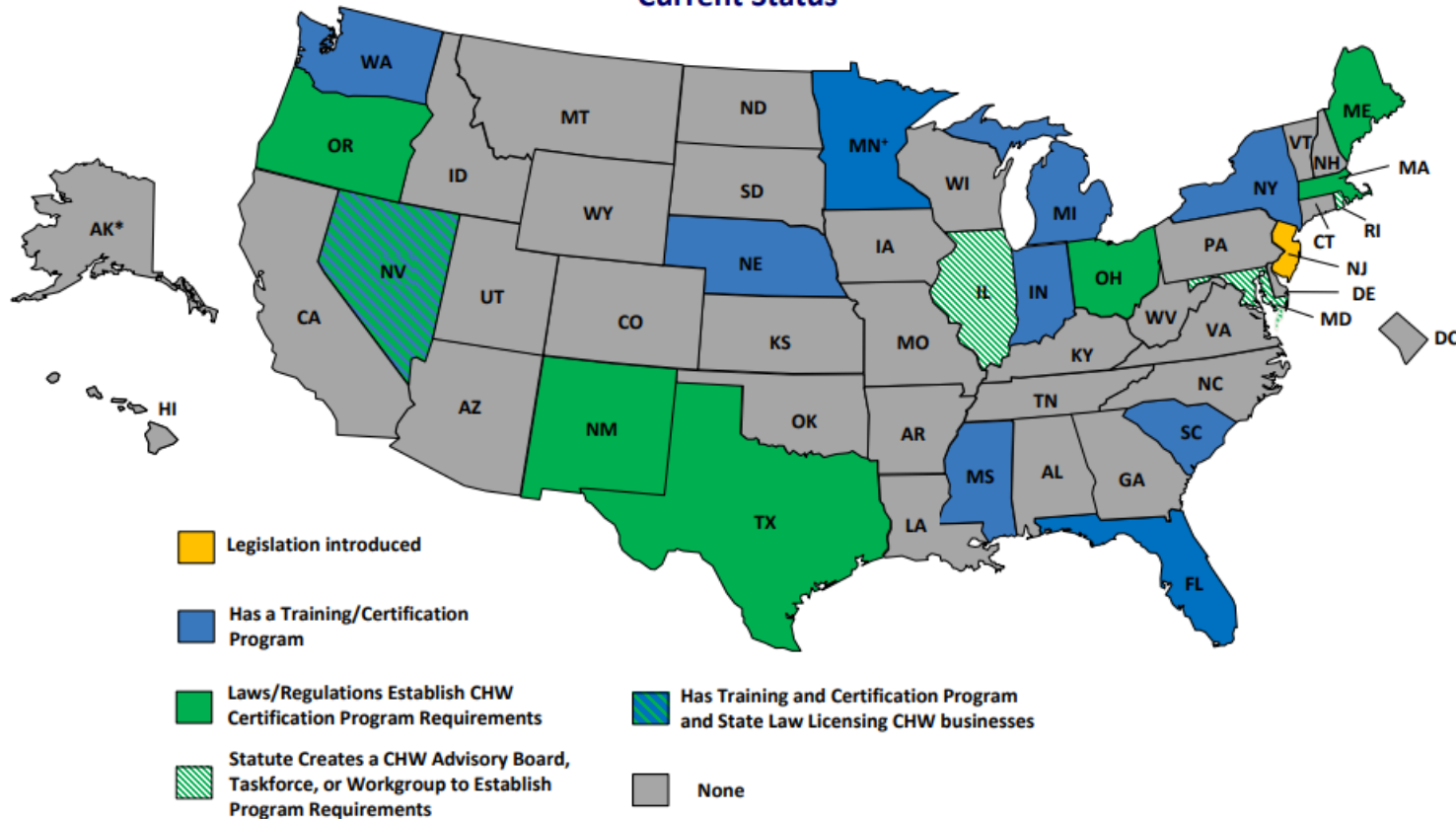


Myriad of ongoing CHW formalization across U.S. states – various stages of certification and program requirements

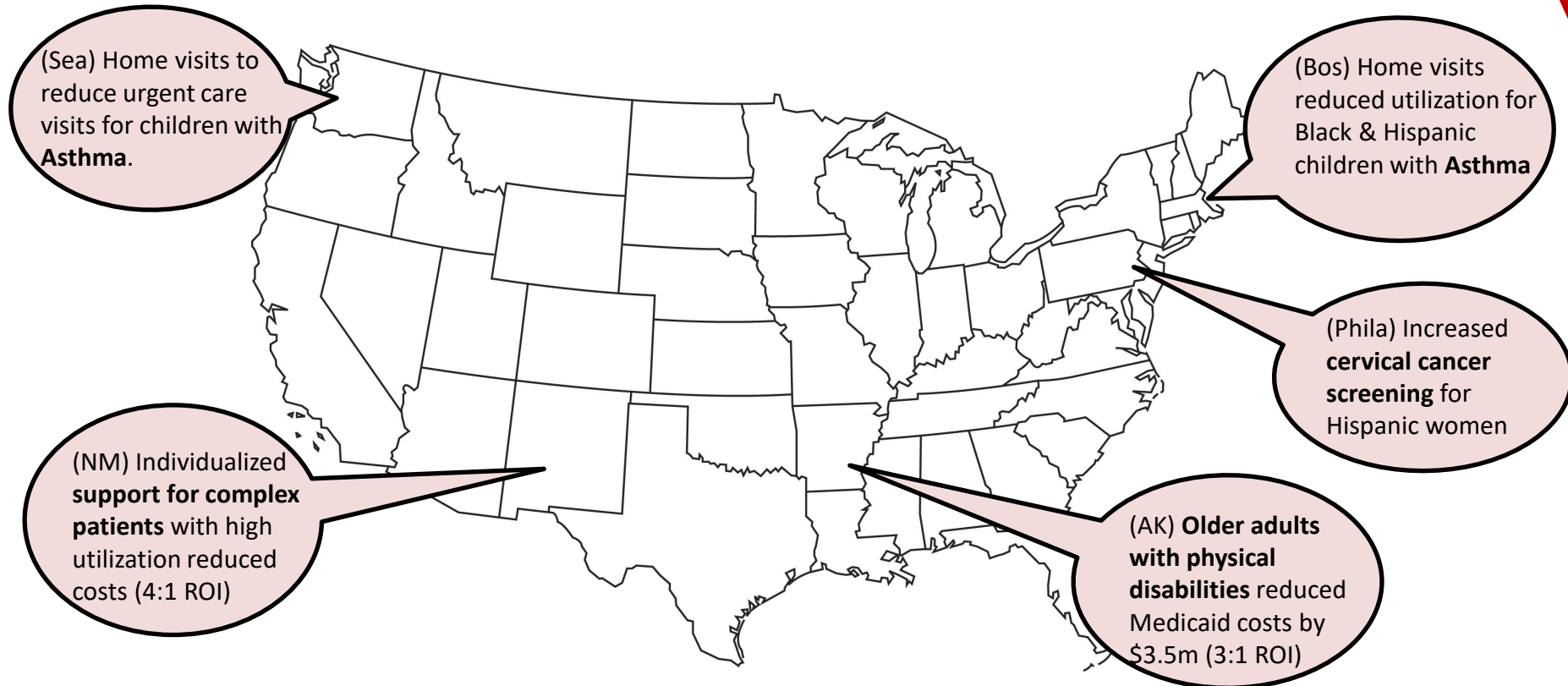
- Texas was the **first state** to enact legislation for CHW activities in **1999**. The Texas Department of State Health Services (DSHS) established the CHW training program in **2001**.

Community Health Workers (CHWs) Training/Certification Standards

Current Status



There is little debate about the impact of CHWs on various health outcomes AND healthcare costs ...



... yet CHW work remains funded primarily through operating budgets of health centers & non-profits, or specific grants.

CHWs are *temporary* workers, not fully integrated into care teams, and individuals experience disruptions in care

~ CHW employment dependent upon specific programs and/or grants ~

- At project or program conclusion CHWs are ***forced to look elsewhere*** for employment – or they simply ***stop doing*** this ***temporary*** work
- Temp status presents ***barriers*** to integration into care teams – which training and certifications do not address
- Patients who benefit from CHW services experience care ***disruptions***
- Targets of CHW services are frequently those that experience ***persistent inequity***

**If CHW work provides value,
shouldn't their work be billable?**

Reimbursement gives greater sustainability of CHW services, as it does with *any other* healthcare services

- Medicaid appears to be the most **stable** funding mechanism; there's **precedence**, and it is **predictable** and not **time-limited**.
- Medicaid reimbursement **pathways** have been described:
 - State Plan Amendments (SPAs) for Reimbursement of Preventative Services
 - Section [1115 Waivers](#) grant “authority to approve experimental, pilot, or demonstration projects”
 - State Legislation and State Plan Amendments (SPAs) to expand Medicaid Reimbursement
 - Managed Care Contracts
 - Health System Transformation Programs

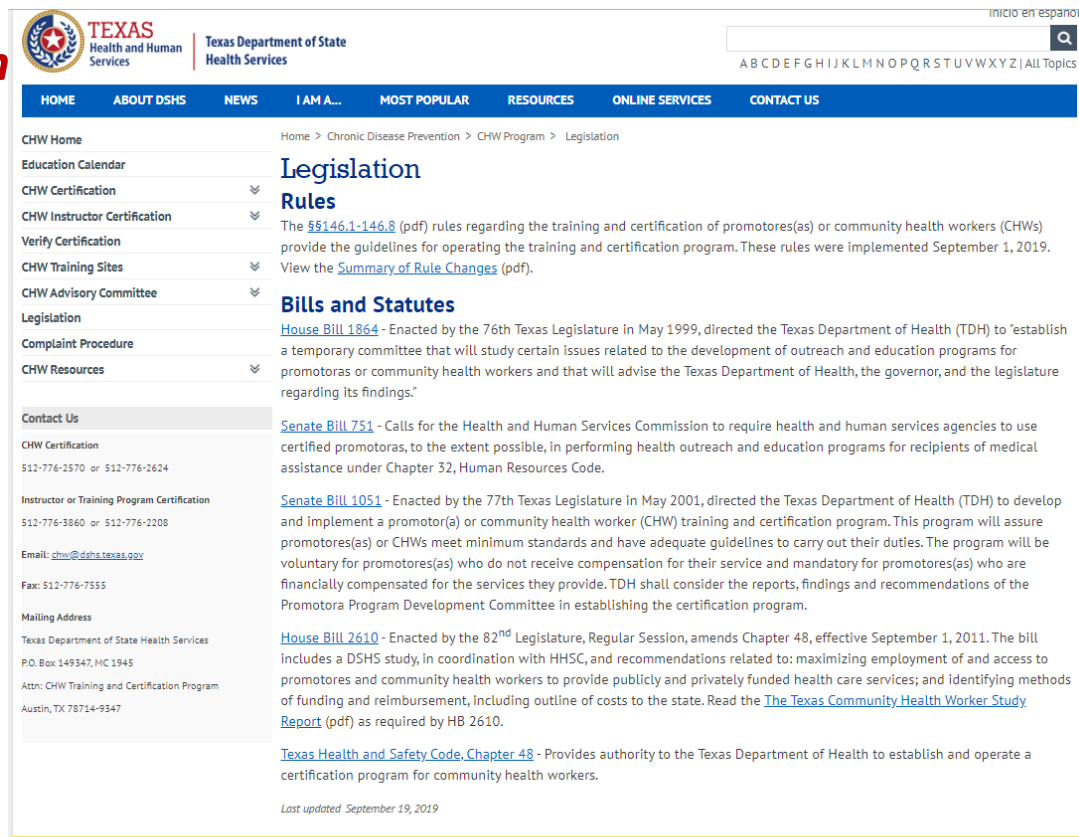
CHW Services are quite broad, pathway selected dictates which services are reimbursed

- Reimbursement for a ***broad*** set of services enables maximum ***impact*** and ***flexibility***, but that may not be practical initially
- Medicaid reimbursement ***pathways***:
 - SPAs: generally narrow, for specific preventative services involving direct patient care for individual health (Not community-level)
 - Section [1115 Waivers](#): can be quite broad – in MA for pediatric asthma, home visits to conduct assessments and advocacy for environmental factors
 - Managed Care Contracts: FQHC in NM receives monthly payment per member from MCO to provide broad support to complex patients

A little bit of somethin' is better than a whole lot of nothin'.

Texas is uniquely positioned – refer to pathways used across the U.S. for various health and wellness activities

- Established **training** and **certification** program
- Various **regional conferences** – like this one!
 - 2nd Annual DFW CHW Conference: Creating Community Connections - August 29th - 30th, 2019, Arlington, Texas
- Rich history of CHW **legislation**



The screenshot displays the Texas Department of State Health Services website. The header includes the Texas Department of State Health Services logo and navigation links: HOME, ABOUT DSHS, NEWS, I AM A..., MOST POPULAR, RESOURCES, ONLINE SERVICES, and CONTACT US. The main content area is titled "Legislation" and "Rules". It features a list of legislative acts related to CHW certification and training, including House Bill 146.1-146.8, Senate Bill 751, Senate Bill 1051, House Bill 2610, and Texas Health and Safety Code, Chapter 48. The page also includes a "Contact Us" section with phone numbers, email, and mailing address.

TEXAS
Health and Human Services | Texas Department of State Health Services

Inicio en español

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CHW Certification

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Legislation

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CHW Certification

512-776-2570 or 512-776-2624

Instructor or Training Program Certification

512-776-3860 or 512-776-2208

Email: chw@dshs.texas.gov

Fax: 512-776-7555

Mailing Address

Texas Department of State Health Services
P.O. Box 149347, MC 1945
Attn: CHW Training and Certification Program
Austin, TX 78714-9347

Home > Chronic Disease Prevention > CHW Program > Legislation

Legislation

Rules

The [§§146.1-146.8](#) (pdf) rules regarding the training and certification of promotores(as) or community health workers (CHWs) provide the guidelines for operating the training and certification program. These rules were implemented September 1, 2019. View the [Summary of Rule Changes](#) (pdf).

Bills and Statutes

[House Bill 1864](#) - Enacted by the 76th Texas Legislature in May 1999, directed the Texas Department of Health (TDH) to "establish a temporary committee that will study certain issues related to the development of outreach and education programs for promotoras or community health workers and that will advise the Texas Department of Health, the governor, and the legislature regarding its findings."

[Senate Bill 751](#) - Calls for the Health and Human Services Commission to require health and human services agencies to use certified promotoras, to the extent possible, in performing health outreach and education programs for recipients of medical assistance under Chapter 32, Human Resources Code.

[Senate Bill 1051](#) - Enacted by the 77th Texas Legislature in May 2001, directed the Texas Department of Health (TDH) to develop and implement a promotor(a) or community health worker (CHW) training and certification program. This program will assure promotoras(as) or CHWs meet minimum standards and have adequate guidelines to carry out their duties. The program will be voluntary for promotoras(as) who do not receive compensation for their service and mandatory for promotoras(as) who are financially compensated for the services they provide. TDH shall consider the reports, findings and recommendations of the Promotora Program Development Committee in establishing the certification program.

[House Bill 2610](#) - Enacted by the 82nd Legislature, Regular Session, amends Chapter 48, effective September 1, 2011. The bill includes a DSHS study, in coordination with HHSC, and recommendations related to: maximizing employment of and access to promotoras and community health workers to provide publicly and privately funded health care services; and identifying methods of funding and reimbursement, including outline of costs to the state. Read the [The Texas Community Health Worker Study Report](#) (pdf) as required by HB 2610.

[Texas Health and Safety Code, Chapter 48](#) - Provides authority to the Texas Department of Health to establish and operate a certification program for community health workers.

Last updated September 19, 2019

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NJ approves Medicaid reimbursement for doulas

- Doulas demonstrate improved **physical** and **psychological** outcomes for **mother** and **baby**; but as of early 2019 only IN, MN, NY, OR provided Medicaid reimbursement

a trained professional who provides continuous physical, emotional and informational support to a mother before, during and shortly after childbirth to help her achieve the healthiest, most satisfying experience possible.

Source: <https://www.dona.org/what-is-a-doula/>

- The NJ **Assistant Commissioner of Family Health Services** (Lisa Asare) and the NJ **Lead Maternal and Child Health Epidemiologist** (Mehnaz Mustafa) completed a pilot study in areas of high African American infant mortality
- Asare & Mustafa **collaborated** with the NJ Department of Human Services to expand it to focus on sustainability
 - Analyzed policy options to address disparities & infant and maternal health
- Bill S1784 was **signed into law** by Gov. Murphy in May, 2019. It expands the NJ Medicaid program to cover doulas through a State Plan Amendment or waiver

Lessons learned from other states, 'case studies'

Massachusetts



FUNDING: State grants; defined reimbursement through Section 1115 waivers; other health system transformation efforts

SERVICES PROVIDED: Enrollment in health insurance, care coordination, helping people manage chronic disease, addressing environmental health issues

TRAINING/CERTIFICATION REQUIREMENTS: Hired and trained by specific programs or health centers; CHW Board of Certification is developing a voluntary individual certification

INTEGRATION INTO THE HEALTH CARE SYSTEM: Varies

Minnesota



FUNDING: State legislation and state plan amendment for broader Medicaid reimbursement

SERVICES PROVIDED: Health education related to a person's specific health condition

TRAINING/CERTIFICATION REQUIREMENTS: Must complete a 14-credit certification program offered through several state colleges and universities

INTEGRATION INTO THE HEALTH CARE SYSTEM: CHWs must be supervised by certain licensed practitioners

New Mexico



FUNDING: Reimbursement through managed care contracts

SERVICES PROVIDED: Broad scope of services across the areas of navigation, access, chronic disease management, health literacy, and connection with non-health care supportive services

TRAINING/CERTIFICATION REQUIREMENTS: CHWs are hired by health centers and undergo training that covers the core skills and areas of knowledge needed

INTEGRATION INTO THE HEALTH CARE SYSTEM: CHWs are fully integrated into care teams as part of the Family and Support Services Department, which is a co-equal department within the clinic, and patients are automatically referred to receive CHW services

Sustainability requires advocacy and staying connected to local communities – work many CHWs already do

- Leverage CHWs' *practical experience* of existing work, partners, and advocacy activities
- Define a specific *issue*
- Note that *power* lies in community experience – people, numbers, stories
- Create/assemble *evidence* for the benefit, including who benefits
- Identify *existing* programs in an area which may be suitable collaborators
- Identify various CHW *associations* (and conferences) which can serve as critical organizational and networking spaces for policy change
- Larger *professional organizations* are potential collaborative partners
 - [APHA Policy Statement 20091](#) 11.18.2014 “encourages employers and academic institutions to support initial and continuing education for CHWs.”
 - Visiting Nurse Association (VNA) may be a suitable partner for billing

Key questions can guide specific next steps

- Who are our ***allies***?
- Is there a ***local hospital*** that uses CHWs, or has in the past?
- Who do we know that has been ***successful with lobbying*** a state legislator (i.e., state representative in a specific area)?
- Who might help provide lobbying ***training***? Additional) training through ***buddy system*** by identifying someone who has influenced a legislator.
- Have we identified ***everyone*** for the coalition?
- How can existing CHW ***professional organizations*** help?
- What is our timeline to put together ***formal request***?
- How can we ensure that we ***build momentum*** and learn as we go?

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