

COMMUNITY HEALTH WORKERS & PROMOTORES IN THE FUTURE OF MEDI-CAL

*CHW/P Financing and Sustainability
Project Newsletter #4*

MEDICAID FINANCING OF CHW/P WORKFORCE HOLDS PROMISE

CONVERSATIONS WITH MARIA LEMUS AND CARL RUSH

For this fourth and final project newsletter, we spoke with leaders in the community health worker and *promotor* (CHW/P) space about financing and sustainability of the CHW/P workforce.

Barriers to Financing and Sustaining CHW/Ps in Medi-Cal

For Maria Lemus, founding executive director of *Visión y Compromiso*, a statewide network of *promotores* and *promotor* organizations in California, the biggest challenge to financing and sustaining a workforce of *promotores* in Medi-Cal is figuring out how to use Medicaid dollars to resource community-based, rather than health plan- or clinic-based, *promotores*. One way to address this challenge, which Ms. Lemus advocates, is for Medi-Cal managed care plans (MCPs) to contract with organizations like hers to act as intermediaries between the health plans and small CBOs that might not have the administrative capacity to contract directly with MCPs. "I understand how hard it is [to administer government contracts], but to assume community organizations can't do it is ridiculous. You have to resource and invest in them and build their capacity, but they can absolutely do it," she said.

PROJECT DATES OF INTEREST

AUGUST 13

Release of final Resource Package #4 on financing and sustaining CHW/P roles through Medi-Cal

SEPTEMBER 28

Publication of project toolkit and online guide

OCTOBER 14 AND 28

Webinars presenting Medi-Cal MCPs with tools and resources from the toolkit and online guide



Maria Lemus, founding executive director of Visión y Compromiso and project contributor

With the goal of achieving health equity for Medi-Cal members, the Community Health Workers & Promotores in the Future of Medi-Cal project will generate a set of four resource packages, informed and reviewed by stakeholders, that support CHW/Ps' integration into Medi-Cal managed care programs.

CONVERSATIONS CONTINUED ...

Carl Rush, a founder of and policy advisor to the National Association of Community Health Workers and a consultant with Community Resources, LLC, believes that Medi-Cal MCPs will want to integrate community health workers and *promotores* (CHW/Ps) into their networks once they are shown the value CHW/Ps can bring to their systems. For example, he cites an early Ohio program engaging CHW/Ps in improving birth outcomes in census tracts with high rates of low birthweight and prematurity. That program model has since been embraced by Ohio Medicaid as part of MCP contract requirements. “Once you show the MCPs the dramatic impact on outcomes in maternal and child health, achieved at modest cost, they will want to invest in CHW/Ps in prenatal/perinatal care,” he said.

While demonstrating clinical outcomes is an important part of sustainability, Ms. Lemus reminds us that programs achieve these outcomes when they build off the CHW/Ps' capacity to engage the community: “Most people consider CHWs and *promotores* to be affiliated with clinics. Plans, clinics, and hospitals aren't going to be able to do it all. You need community. What we need to do is resource community.”

Mr. Rush agrees that there is a tension between the desire to bill Medicaid or other health care payers for CHW/P services and the need to ensure CHW/Ps continue to be community leaders. “It has been hard to make sure everyone is on the same page about who or what CHWs are,” he said. “As we figure out sustainable payment models, we need to keep the community in community health worker.”

Exploring Payment Models

According to Mr. Rush, there is no consensus on the best payment model. “Even in states implementing value-based payment, the state Medicaid office and managed care plans have mostly started with fee-for-service because it's familiar, and in order to gather utilization data.” In his view, in the long run, value-based payment models “are best for the employer because it gives them more flexibility on how CHW/Ps can use their time.”

He noted that most alternate payment models will require some form of risk adjustment based on individual patients' socioeconomic needs and clinical complexity. According to Mr. Rush, “The low-hanging fruit [for MCPs] is care coordination for

“Plans, clinics, and hospitals aren't going to be able to do it all. You need community. What we need to do is resource community.”

- María Lemus

people with high needs or high utilization, but there is also a strong case to be made for population health and prevention, as well as system navigation.” He added that, in many cases, MCP expenditures for CHW/P activity can also be treated as administrative costs, which avoids some of the regulatory barriers to billing for the services as “medical care.” In fact, according to Mr. Rush, anecdotal data suggest this practice may be fairly common currently.

Requirements for Billing Medicaid

With the understanding that program integrity rules are important for publicly funded programs, Ms. Lemus cautioned that we do not want to make requirements for billing for CHW/P services too onerous such that they limit the universe of people who are eligible for paid CHW/P work. For example, Ms. Lemus's mother was a natural leader in her community and a *promotora*, but she did not have a high school diploma or English language fluency. “Many years ago we talked about unintended consequences. If you start requiring a high school diploma or that people speak English, the unintended consequence is that you don't get to support people like my mother. It's really important to figure this out.” *Visión y Compromiso* favors requiring core competencies in CHW/P training programs over certification of individual CHW/Ps.



Carl Rush, principal consultant with Community Resources, LLC

CONVERSATIONS CONTINUED ...

“Our resiliency is in our culture and with the traditions that we know. How do we keep them alive with sixth or seventh generations?” Ms. Lemus continued, “I think we need to get creative. We need to adjust the rules [for Medicaid billing]. Advocacy is really important. We need legislators, administrators, and funders to better understand who we are and what we do. We’re not just affiliated with health care systems.”

Mr. Rush believes that there is an opportunity and imperative to build the capacity of CHW/P leaders to participate in decisions on Medicaid payment policy, by orienting them to the basics of payment regulations. “CHWs understand Medicaid eligibility really well because they often help people get health coverage, but they don’t necessarily know all the payment rules,” he said. He has been working on a Medicaid 101 course in Rhode Island to educate CHW/Ps on the rules, which may empower more CHW/Ps to advocate for changes to the rules to fit the CHW/P model.

Hope for the Future

Both Ms. Lemus and Mr. Rush expressed hope for the future of CHW/Ps in the Medi-Cal workforce. They were encouraged by the Governor’s inclusion of resources in the budget and the Department of Health Care Services’s intention to add CHW/Ps to Medi-Cal through a Medicaid state plan amendment (SPA). Both are cautiously optimistic because, as Ms. Lemus put it, “It depends on how it’s implemented.” This is why both leaders in the field have dedicated their careers to this work and have participated in this Community Health Workers & *Promotores* in the Future of Medi-Cal project – to make sure the integrity of the CHW/P model is maintained as MCPs integrate CHW/Ps into Medi-Cal.

Meet Our Interviewees

Maria Lemus has been founding executive director of *Visión y Compromiso*, a nonprofit organization, since 2000. *Visión y Compromiso* and its *promotor* and community health worker network is committed to supporting *promotores* and CHWs toward achieving healthy and dignified lives for Latinos who endure disproportionate rates of health disparities by providing leadership, capacity building and advocacy for over 4,000 *promotores* and CHWs associated with clinics, hospitals, and community-based organizations in rural and urban communities. Prior to founding *Visión y Compromiso*, she spent over 20 years in management with the Rural Health Division of the California Department of Health Services and the AIDS Office, City and County of San Francisco, and the California Department of Corrections. She came to this work after volunteering as a *promotora* and seeing the need for organizing a network of *promotores* across her community and California.

Carl Rush is a founding board member and policy advisor for the National Association of Community Health Workers. He also works as a consultant on CHW/P policy issues. Mr. Rush began his career in civic planning, where he was studying the role of neighborhood associations in city government. Through this process, he was introduced to the concept of community health workers. He has spent the last 25 years working to support and spread the model across the country. He is semi-retired and currently resides in Texas.

Help Spread the Word!

As September 28 approaches, the project team will provide contributors and community partners with communications tools to help disseminate the toolkit and online guide. Keep an eye out for more information and plan to help share CHW/P integration tools and resources.

NEWS FROM THE PROJECT

SUMMER PROJECT HIGHLIGHTS

The project has accomplished a lot since the May newsletter, from hosting meetings to developing and finalizing resource packages.

On June 2, the project team held a **managed care plan (MCP) convening**. The convening began with two CHW/P success stories presented by Joe Calderon of Transitions Clinic Network and Lupe Gonzalez of Visión y Compromiso. Project contributors representing MCPs presented the components of the resource packages they have found to be most compelling and described how other MCPs could use the tools to integrate CHW/Ps into their CalAIM programs. Policy experts explained how CHW/Ps fit into the California Advancing and Innovating Medi-Cal (CalAIM) initiative framework and California's plans for including funding for CHW/Ps in Medi-Cal through a Medicaid SPA.

LEARN MORE ABOUT THE PROJECT

[Visit the Project Microsite](#)

[Read the Resource Packages](#)

[Sign Up for Project News](#)

SAVE THE DATE

Following September 28 publication of the final toolkit and online guide, project leadership and contributors will present tools and resources in a series of two webinars.

October 14 – 11:00 AM to noon (PT)

October 28 – 11:00 AM to noon (PT)

The project team also held **two project contributor meetings** – an Advisory Council and a Stakeholder Group meeting. The latter featured René Mollow of the California Department of Health Care Services who is overseeing the state's request for a Medicaid SPA to include CHW/Ps as providers.

In addition to the meetings, the project team

- Released the final version of [Resource Package #3: Data and Evaluation Considerations for CHW/Ps Supporting Health and Social Care Integration for Medi-Cal Members \(PDF\)](#).
- Posted [Resource Package #4: Financing and Sustaining CHW/P Roles in Medi-Cal Services \(Draft PDF\)](#) for public comment.

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