



Learning About California's Community Health Worker State Plan Amendment

Webinar

December 1, 2021

Today's Agenda

Part 1

- + Housekeeping
- + CHCF Introduction
- + Presentation: SPAs and Medicaid funding for CHW/Ps
- + Q&A
- + 5-minute break

Part 2

- + Panel discussion with leading California health care advocates
- + Q&A
- + Resources & closing
- + Feedback survey

About California Health Care Foundation

The California Health Care Foundation (CHCF) is dedicated to advancing meaningful, measurable improvements in the way the health care delivery system provides care to the people of California, particularly those with low incomes and those whose needs are not well served by the status quo. We work to ensure that people have access to the care they need, when they need it, at a price they can afford.



California
Health Care
Foundation



Community Health
Workers &
Promotores
in the Future of Medi-Cal

The Opportunity

We support a future where CHW/Ps are a fully integrated part of safety-net primary care delivery systems, thereby deepening the capacity of the health and social service safety net to meet the needs of culturally and linguistically diverse Californians.

We support a future where CHW/Ps have jobs and employment that support them in thriving in their own lives and communities. This includes strong wages, opportunities for advancement, and strong organizational supports.



SPAs and Medicaid Funding for CHW/Ps



Erika Saleski,
Managing Member,
ES Advisors, LLC



James Lloyd, JP, MPP,
Research Specialist,
Rutgers Center for Health
Services Research

Objectives

- + Understand how Medicaid State Plan Amendments (SPAs) can support a sustainable CHW/P workforce
- + Highlight key components of SPAs approved in other states
- + Identify opportunities and challenges of Preventive Services SPAs
- + Think about how a SPA can support CHW/Ps in California

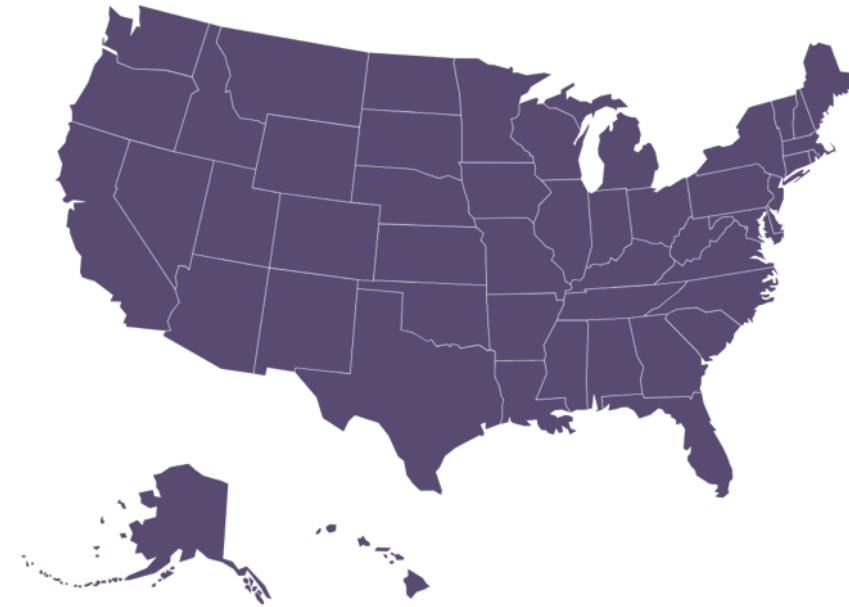
CHW/P Core Roles: C3 Project

*Important consideration: How can Medicaid support the broad CHW/P scope of practice?

- + Provide cultural mediation among individuals, communities, and health and social service systems
- + Provide culturally appropriate health education and information
- + Establish care coordination, case management, and system navigation
- + Provide coaching and social support
- + Advocate for individuals and communities
- + Build individual and community capacity
- + Provide direct service
- + Implement individual and community assessments
- + Conduct outreach
- + Participate in evaluation and research

Medicaid 101

- + A state-federal partnership, jointly administered by states and the U.S. Centers for Medicare and Medicaid Services (CMS)
- + Two entities agree on a state plan, which typically includes reimbursement to clinical providers for services rendered
- + Difficult fit for CHW/P services because help provided to beneficiaries is so expansive and does not always fit the framework of discrete services



Altering the State Plan

- + SPAs can be changed through agreement between a state and CMS
- + Options for incorporating CHW/P work include:
 - Sec. 1115 Demonstration Waiver
 - Sec. 2703 Health Homes
 - State Plan Amendments
 - Managed Care Plans (some flexibility)



Preventive Services Definition

42 C.F.R. Sec. 440.130

Services "*recommended by* a physician or other licensed practitioner of the healing arts within the scope of authorized practice under state law to:

- (1) Prevent disease, disability and other health conditions or their progression;
- (2) Prolong life; and
- (3) Promote physical and mental health and efficacy."

Elements of Preventive Service SPA Application

Scope of Services

- +Inclusion/exclusion from list in regulations

Qualifications

- +Detail education, training, experience and credentialing of workforce

Supervision

- +Types of organizations that will supervise workforce
- +*Innovation opportunity*: community-based organizations as supervisors



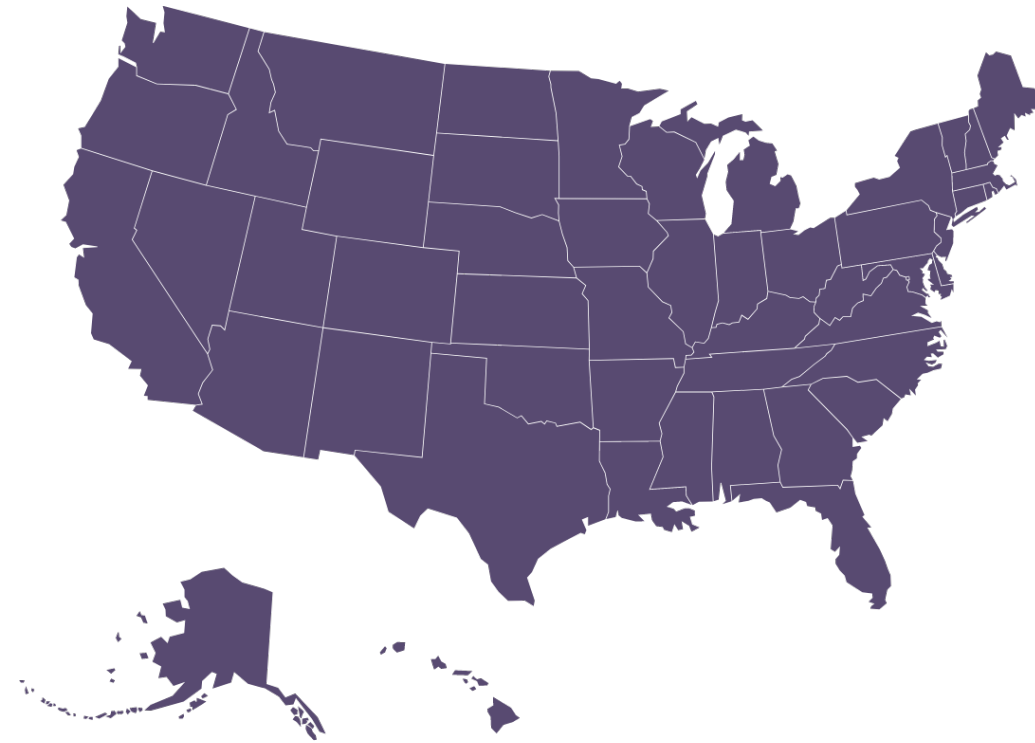
California's Preventive Services SPA

- + Provide **a** pathway to support CHW/Ps
- + Develop additional funding relationships between Medi-Cal and CHW/P service providers
- + Create opportunity to establish braided funding structures



National Look: State Plan Amendments

- + 4 State Plan Amendments (SPAs) approved (non-Health Home)
- + Several states in negotiation
- + State Plan Amendments generally define:
 - Covered services
 - CHW/P qualifications
 - Supervision



National Look: Minnesota SPA

Covered Services

- + Health education

Qualifications

- + Certificate from an approved curriculum
- + Must be an enrolled provider in Minnesota Medicaid

Supervision

- + Physician, APRN, dentist, mental health professional, certified public health nurse, registered nurse



National Look: Minnesota SPA

Reimbursement

- + Eligible provider may submit for reimbursement for health education only
- + CPT codes: 98960, 98961, 98962
- + 30-minute units
- + No more than 4 units in 24-hour period or 24 units per calendar month per member
- + Detailed documentation requirements



National Look: Indiana SPA

Covered Services

- + Medically necessary services
- + Within scope of practice of supervising practitioner
- + Health education, health promotion, cultural broker, direct preventive services

Qualifications

- + Certification program



National Look: Indiana SPA

Supervision

- + Licensed practitioner (e.g., health services provider in psychology, APN, PA, podiatrist, chiropractor)

Reimbursement

- + Supervising practitioner can bill for services at 50% of resource-based relative value scale
- + CPT code: 98960, 98961, 98962
- + Face-to-face
- + No more than 4 units in 24-hour period or 24 units per calendar month per member



National Look: South Dakota SPA

Covered Services Definition

Services to prevent disease, disability or other health condition, the progression of a chronic health condition, or support individuals with a documented barrier to care affecting health:

- + Health system navigation/resource coordination
- + Health promotion and coaching
- + Health education



National Look: South Dakota SPA

Covered Services

- + Ordered by a qualifying provider
- + Delivered according to a plan of care
- + Provided in a community except when approved to attend a medical appointment

Non-Covered Services

- + Advocacy, helping people enroll in government programs, case management
- + May not be billed to Medicaid



National Look: South Dakota SPA

CHW/P Agency Provider Enrollment

- + Must be enrolled with SD Medicaid for reimbursement
- + CHW/Ps must be employed and supervised by an enrolled CHW agency
- + CHW/P agencies must complete supplemental provider agreement addendum and submit written policies/procedures
- + Providers must conduct:
 - Fingerprint-based background checks for individuals who will work in homes
 - Regular checks for excluded individuals



National Look: South Dakota SPA

Qualifications

- + Complete Indian Health Service Community Health Representative basic training or a CHW/P training program approved by the SD Board of Regents or Board of Technical Education
- + 6 hours of annual training required thereafter
- + Employed and supervised by an enrolled CHW/P agency



National Look: South Dakota SPA

Reimbursement

- + Health education
- + CPT codes: 98960, 98961, 98962 (self-management education and training, 30 minutes)
- + Per recipient limit is 2 units of service per day and 104 units per year



National Look: Rhode Island (pending)

Covered Services

- + Health promotion and coaching
- + Health education and training
- + Health system navigation and resource coordination
- + Care planning
- + Must be recommended by licensed practitioner of the healing arts within their scope of practice under State law



National Look: Rhode Island (pending)

Covered Services

+ Medically necessary:

- One or more chronic conditions
- Risk for chronic health condition
- Face barriers to meeting health or health-related social needs

Qualifications

- + Must be certified by RI Certification Board, OR
- + Has an employer-approved plan toward obtaining certification within 18 months



National Look: Rhode Island (pending)

Reimbursement

- + \$15.76 for 15-minute units of service for new patients
- + \$12.12 for 15-minute units of service for established patients
- + \$4.44 for 15-minute units of service for groups of 2 or more individuals
- + Increased annually by Consumer Price Index
- + Inclusive of travel time and outreach
- + May be billed for direct contact or collateral
- + Limit – 12 units per individual per day



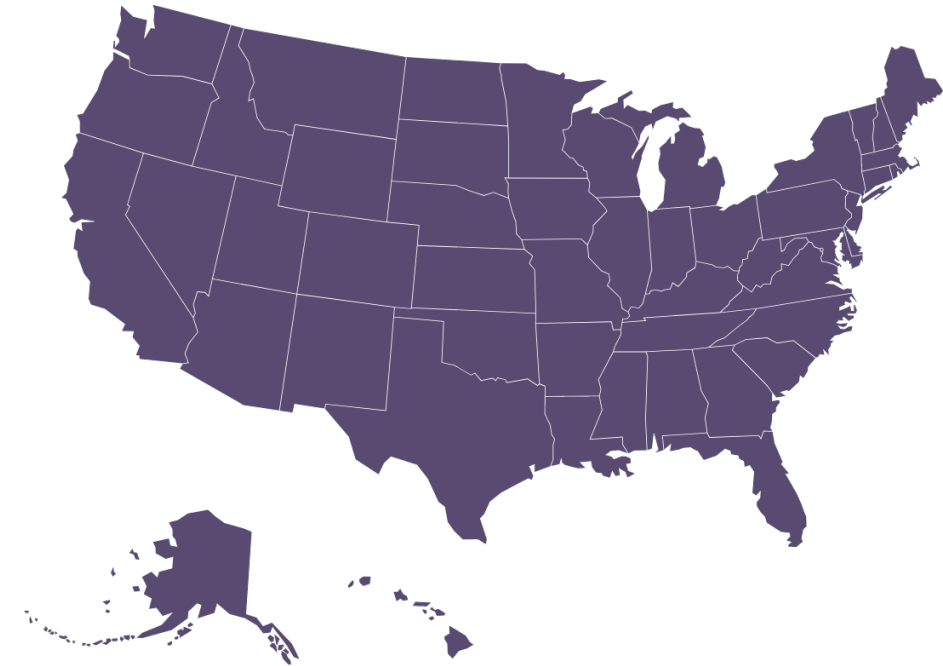
National Look: Review

Opportunities

- + Recognize barriers to meeting health/health-related social needs
- + Broad application for supervision
- + Qualifications recognize strengths of workforce:
 - + Rely on established community training programs
 - + Do not enforce additional requirements, such as educational or immigration status

Challenge

Do not recognize broad CHW/P scope of practice for reimbursement (RI proposal is an exception)



Food for Thought

How can the CA Preventive Services SPA best support CHW/Ps?

- + Which CHW/P key roles should be recognized for reimbursement?
- + How can qualifications be structured to provide clear parameters without creating barriers?
- + In what setting(s) should CHW/Ps be able to provide services? Community? Clinic? Both?



Food for Thought

For organizations that employ CHW/Ps:

- + How could a Preventive Services SPA be best structured to support sustaining CHW/Ps in your organization? What core activities need to be reimbursed?
- + Are there other opportunities in Medi-Cal that can be leveraged to braid funding with a Preventive Services SPA? If so, how can the State create alignment between those opportunities?
- + How should reimbursement be structured?
- + What documentation requirements could be easily integrated into existing operations to encourage accurate and consistent reporting on CHW activities across organizations?



Presentation Q&A

Questions?

Please share them in the chat below.



5-Minute Break

Program will
resume at 11 A.M.
(PT)



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Workers &
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in the Future of Medi-Cal

Panel Discussion

Mayra E. Alvarez, MHA, President, The Children's Partnership

Seciah Aquino, DrPH, Deputy Director, Latino Coalition for a Healthy California

Katie Heidorn, MPA, Executive Director, Insure the Uninsured Project

Cindy Keltner, Director of Care Transformation, California Primary Care Association

Kiran Savage-Sangwan, Executive Director, California Pan-Ethnic Health Network

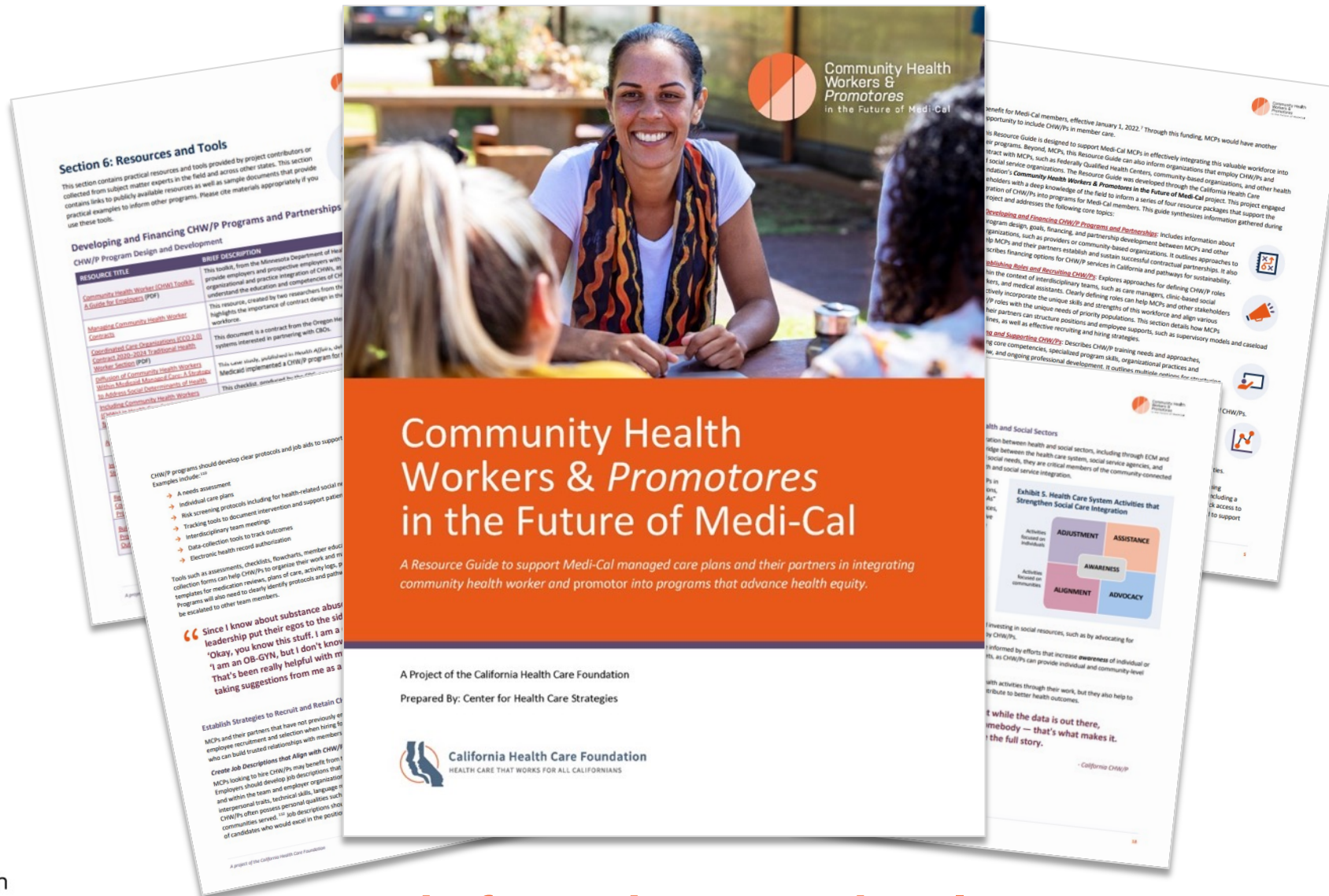
Carlina Hansen, Senior Program Officer, California Health Care Foundation (Moderator)

Questions?

Please share them in the chat below.



Resources



Introducing: CHW/P Capacity-Building Collaborative

- + Building on the Work in the Community Health Worker in the Future of Medi-Cal project, we will be launching this 18 month initiative which will support **four regions** in California who are seeking to expand the size and impact of CHW/P workforce
- + **The initiative will advances** regional capacity through:
 - ❑ **Assessment** of regional capacity and anticipated needs
 - ❑ Tailored **online trainings**
 - ❑ Customized **technical assistance**
 - ❑ Firsthand **knowledge and shared wisdom** from CHW/P workforce
 - ❑ **Communications** that share best practices and innovative solutions
 - ❑ **Financial assistance** (\$100,000–\$400,000 per region)
 - ❑ **1:1 coaching** for the lead organization

Resources

California Health Care Foundation Community Health Worker Resources

Community Health Worker Collection of Resources:

<https://www.chcf.org/collection/community-health-workers/>

Community Health Workers and Promotores in Medi-Cal Resource Center:

<https://www.chcf.org/resource-center/advancing-californias-community-health-worker-promotor-workforce-medi-cal/>

Understanding CalAIM:

<https://www.chcf.org/collection/cal-aim/>

Community Health Workers and Promotores in the Future of Medi-Cal: California's State Plan Amendment Webinar: Dec 1, 2021

https://us02web.zoom.us/webinar/register/WN_14x3LebRTyOkYlozXI_9lw



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Resources

DHCS SPA Website:

<https://www.dhcs.ca.gov/provgovpart/Pages/Community-Health-Workers.aspx>

Indiana:

<https://www.medicaid.gov/sites/default/files/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/IN/IN-18-005.pdf>

<http://provider.indianamedicaid.com/ihcp/Bulletins/BT201826.pdf>

Oregon:

<https://www.medicaid.gov/sites/default/files/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/OR/OR-12-007.pdf>

Minnesota:

https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_140357

<https://www.health.state.mn.us/facilities/ruralhealth/emerging/chw/index.html>

Rhode Island:

https://eohhs.ri.gov/sites/g/files/xkgbur226/files/2021-09/21-0012-revised-clean-to-post-092721-notice-to-public_chw-6.29.21.pdf

South Dakota:

<https://www.medicaid.gov/sites/default/files/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/SD/SD-19-005.pdf>

https://dss.sd.gov/docs/medicaid/providers/billingmanuals/Professional/Community_Health_Worker_Services.pdf

**Thank you!
Tell us how
we did.**

