



MCAC June 2019

## Medicaid Reimbursement for Community Health Workers (CHWs) in Utah

We respectfully request that the Medical Care Advisory Committee support the efforts of the Community Health Workers in Utah and the Community Health Worker Coalition by:

**Supporting formal recognition of Community Health Workers by the Utah State Legislature as vital members of the workforce in the State of Utah.**

**Supporting Medicaid reimbursement for services provided by CHWs through a State Plan Amendment, 1115 Waiver Amendment, ACO contract modifications, administrative agreement with community health organizations, targeted programmatic application, and/or another mechanism deemed most appropriate by Medicaid.**

According to the American Public Health Association (APHA), and as adopted in the State of Utah by the Community Health Worker Coalition,

*“A community health worker (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 worker to serve as a **connector between health/social services and the community** to facilitate access to services and improve the quality and cultural competence of service delivery. A community health worker is not necessarily a clinical professional but receives training to **build 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.”<sup>1</sup>*

Community Health Workers help ensure culturally and linguistically competent delivery of services; can address the social determinants of health and the underlying barriers to health with clients; help increase continuity of care; can improve patient engagement in their health; can improve health outcomes; and can help reduce healthcare costs<sup>4</sup>. CHWs understand the language, culture, and lifestyles of the communities where they work. According to the U.S. Department of Labor, the number of CHWs in the United States has grown by 36 percent since 2012 and is predicted to increase an additional 18 percent by 2026.<sup>2</sup>

In the past, much of the reimbursement for the CHW services was tied to grant funding. In 2013, the Centers for Medicare and Medicaid Services (CMS) created a new rule which allows state Medicaid agencies to reimburse for preventive services provided by professionals that may fall outside of a state's clinical licensure system, as long as the services have been initially recommended by a physician or other licensed practitioner. The new rule for the first time offers state Medicaid agencies the option to reimburse for more community-based preventive services, including those of CHWs. The rule went into effect on January 1, 2014.<sup>2,3</sup>

Utah currently does not have a standardized financial structure for CHWs. Although there are many community-based organizations that employ CHWs, the wage structure and sustainability of these positions depend heavily on grant funding.<sup>1</sup> One such organization is Holy Cross Ministries. In calendar year 2017 Holy Cross Ministries served 1,388 clients through their community health workers program. Holy Cross Ministries focuses on helping people from socioeconomic disadvantaged background access critical services such as health care services and health insurance. In 2017 Holy Cross Ministries promoters connected 326 clients to basic needs services and 83% successfully acquired them. They also supported 553 clients to obtain health care access services and/or

health care coverage. 89% of these clients successfully obtained health care services and or health insurance coverage. Holy Cross Ministries also conducted 121 prenatal education classes to improve health outcomes of mother and baby. Post-partum data shows that 96% of women who attended classes report no post-partum depression symptoms. 99% of all newborns have up-to-date immunizations and 88% of mother's report that their babies have "excellent" health. This is just one example that shows the impact one agency that employs CHWs has in a community. As cited in the Leavitt Partners White paper, it is estimated that Utah had 550 CHWs in Salt Lake and Ogden in May 2016.<sup>4</sup> Imagine the impact they have!

Nationwide, there is considerable information on the return on investment for the work that is done by CHWs. As cited in Leavitt Partners Utah Department of Health White paper, "Many studies have been performed in the United States to inform the value that CHWs bring to the health care system and patient experience. CHW interventions have been shown to improve outcomes for patients with chronic conditions, enhance disease prevention, reduce 30-day hospital readmissions, improve mental health, promote positive lifestyle behavior change, increase linkages to primary care, decrease hospital costs, and increase patient and provider satisfaction. Estimated savings from CHW interventions range from \$1.81 to \$5.58 for every \$1.00 spent."<sup>4</sup> The following are just a few of the many examples demonstrating the positive impact CHWs have on decreasing health care costs and improving health outcomes:

**Social Return on Investment: CHWs in Cancer Research:** Wilder Research Center's 2012 cost-benefit analysis of CHW services in cancer outreach found that for every dollar invested in CHWs, society receives \$2.30 in return in benefits, a return of more than 200%.

**The Effectiveness of a Community Health Worker Outreach Program on Healthcare Utilization of West Baltimore City Medicaid Patients with Diabetes, with or without Hypertension:** shows that a CHW intervention program resulted in average savings of \$2,245 per patient, and a total savings of \$262,080 for 117 patients, along with improved quality of life.

**Measuring Return on Investment of Outreach by Community Health Workers:** a Denver Health study of 590 men in a CHW case management intervention shows increased use of primary and specialty care, and reduced use of urgent care, inpatient and outpatient behavioral health care use. The return on investment (program costs vs. overall reduced costs of care) was 2.28:1.

**A Community-Based Asthma Management Program: Effects on Resource Utilization and Quality of Life:** a CHW asthma intervention in Hawaii shows a decline in emergency room visits and increased quality of life. In one phase of the study, asthma-related per capita charges decreased from \$735 to \$181.<sup>5</sup>

In addition to the return on investment data, work is being done in Legislation nationwide to help fund the incredible work that is being done by CHWs. The list below shows what some states are doing:

**New Mexico:** Through a **Medicaid 1115 Waiver**, Centennial Care has leveraged contracts with Medicaid managed care organizations (MCOs) to support the use of CHWs in serving Medicaid enrollees. **CHW salaries, training, and service costs** are MCO administrative costs and embedded in capitated rates paid to Medicaid managed care organizations.

**Washington:** Washington's **1115 demonstration** allows CHWs to be paid as a part of Medicaid value-based payment. CHWs can be part of Washington's Health Homes, which allows them to receive Medicaid funding for each patient served. According to the National Center for Healthy Housing's case study on **Medicaid Reimbursement for Home-Based Asthma Services**, CHWs provide environmental home assessments through a program supported by the Environmental Protection Agency.

**Oregon:** The **State Plan Amendment (SPA)** that created Patient-Centered Primary Care Homes (PCPCHs) explicitly includes CHWs in its description of providers for four of the six core Health Home services. CCOs currently provide care within Medicaid but are being expanded to other groups. CCOs are required to include "non-traditional healthcare workers" like CHWs on their care teams. CHWs must be certified to qualify for

Medicaid reimbursement. **A health professional must supervise a CHW in order for Medicaid to reimburse for services provided.**

**Texas:** The **Health and Human Services Commission** (Medicaid agency) contracts with MCOs and allows CHW costs to be included in administrative costs in order to receive reimbursement. A 2016 HHSC survey of Texas Medicaid found 18 of 19 MCOs employing CHWs or contracting for CHW services. CHWs are incorporated in a number of quality improvement projects under the state’s **1115 waiver**. Clinics and hospitals use waiver funds to hire CHWs. The **Title V Maternal and Child Health block grant** supports the **Promotor(a) or Community Health Worker Training and Certification Program**, and also supported **Zika** education for CHWs in 2017.

**Minnesota:** Health plans that contract with Minnesota’s Medicaid agency to provide services to Minnesota Health Care Programs enrollees are required to cover diagnosis-related patient education on self-management services provided by certified CHWs working under clinical supervision. The state Medicaid program also reimburses CHWs on a fee-for-service basis as well as via managed care plan payments. CHWs also provide mental health patient education and care coordination pursuant to a Medicaid state plan amendment.

**Nevada:** Nevada’s CHW Program is funded through the **Preventive Health and Health Services Block Grant** through the **Center for Disease Control and Prevention**. **SB 498** passed in 2015 mandates the licensure of CHW Pools, which are organizations or agencies that hire CHWs. The law does not provide for individual CHW certification or licensing.<sup>6</sup>

## Potential benefits to a variety of stakeholders

Individuals	Providers
<ul style="list-style-type: none"><li>➤ Better experience</li><li>➤ Better quality of life</li><li>➤ Lower out-of-pocket costs</li><li>➤ Fewer missed work days</li></ul>	<ul style="list-style-type: none"><li>➤ Improved patient communication</li><li>➤ Better patient outcomes</li><li>➤ Meet quality targets</li></ul>
Society	Payers
<ul style="list-style-type: none"><li>➤ Lower health care costs</li><li>➤ Increased work productivity and school attendance</li><li>➤ CHW jobs created</li></ul>	<ul style="list-style-type: none"><li>➤ Improved quality scores</li><li>➤ Positive ROI</li></ul>

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Thank you for your time and consideration of this request.

### References

1. The American Public Health Association <https://www.apha.org/apha-communities/member-sections/community-health-workers>
2. Utah Department of Health <http://choosehealth.utah.gov/healthcare/community-health-workers.php>
3. Association of Black Cardiologists [www.abcardio.org/articles/cms\\_rule.html](http://www.abcardio.org/articles/cms_rule.html) Association
4. Leavitt Partners and Utah Department of Health White paper: “Driving Improvements in Utah’s Health Outcomes: the community health worker solution”
5. Minnesota Community Health Worker Alliance <http://mnchwalliance.org/explore-the-field/evidence-2/>
6. National Academy for State Health Policy <https://nashp.org/state-community-health-worker-models/>
7. University of Massachusetts Medical School: “Demonstrating Return on Investment for Community Health Worker Services: Translating Science into Practice.



	Role	Sub-Roles
1	Cultural Mediation among individuals, Communities, and Health and Social Service Systems	<ul style="list-style-type: none"> <li>a. Educating individuals and communities about how to use health and social service systems (including understanding how systems operate)</li> <li>b. Educating systems about community perspectives and cultural norms (including supporting implementation of Culturally and Linguistically Appropriate Service [CLAS] standards)</li> <li>c. Building health literacy and cross-cultural communication</li> </ul>
2	Providing Culturally Appropriate Health Education and Information	<ul style="list-style-type: none"> <li>a. Conducting health promotion and disease prevention education in a manner that matches linguistic and cultural needs of participants or community</li> <li>b. Providing necessary information to understand and prevent diseases and to help people manage health conditions (including chronic disease)</li> </ul>
3	Care Coordination, Case Management, and System Navigation	<ul style="list-style-type: none"> <li>a. Participating in care coordination and/or case management</li> <li>b. Making referrals and providing follow-up</li> <li>c. Facilitating transportation to services and helping to address other barriers to services</li> <li>d. Documenting and tracking individual and population level data</li> <li>e. Informing people and systems about community assets and challenges</li> </ul>
4	Providing Coaching and Social Support	<ul style="list-style-type: none"> <li>a. Providing support and coaching</li> <li>b. Motivating and encouraging people to obtain care and other services</li> <li>c. Supporting management self-management of disease prevention and management of health conditions (including chronic disease)</li> <li>d. Planning and/or leading support groups</li> </ul>
5	Advocating for Individuals and Communities	<ul style="list-style-type: none"> <li>a. Advocating for the needs and perspectives of communities</li> <li>b. Connecting to resources and advocating for basic needs (e.g. food and housing)</li> <li>c. Conducting policy advocacy</li> </ul>



Utah Broad-Based Community Health Worker Coalition (CHWC)- CHW Scope of Practice

6	Building individual and Community Capacity	<ul style="list-style-type: none"> <li>a. Building individual capacity</li> <li>b. Building community capacity</li> <li>c. Training and building individual capacity with CHW peers and among groups of CHWs</li> </ul>
7	Providing Direct Service	<ul style="list-style-type: none"> <li>a. Providing basic screening test (e.g. heights and weights, blood pressure)</li> <li>b. Providing basic services (e.g. first aid, diabetic foot check)</li> <li>c. Meeting basic needs (e.g. direct provision of food and other resources)</li> </ul>
8	Implementing Individual and Community Assessments	<ul style="list-style-type: none"> <li>a. Participating in design, implementation and interpretation of community-level assessments (e.g. home environmental assessment)</li> <li>b. Participating in design, implementation, and interpretation of community-level assessments (e.g. windshield survey of community assets and challenges, community asset mapping)</li> </ul>
9	Conducting Outreach	<ul style="list-style-type: none"> <li>a. Case-finding/recruitment of individuals, families, and community groups to services and systems</li> <li>b. Follow-up on health and social service encounters with individuals, families, and community groups</li> <li>c. Home visiting to provide education, assessment, and social support</li> <li>d. Presenting at local agencies and community events</li> </ul>
10	Participating in Evaluation and Research	<ul style="list-style-type: none"> <li>a. Engaging in evaluating CHW services and programs</li> <li>b. Identifying and engaging community members as research partners, including community consent process</li> <li>c. Participating in evaluating CHW services and programs               <ul style="list-style-type: none"> <li>1) Identification of priority issues and evaluation/research questions</li> <li>2) Development of evaluation/research design and methods</li> <li>3) Data collection and interpretation</li> <li>4) Sharing results and findings</li> <li>5) Engaging stakeholders to take action on findings</li> </ul> </li> </ul>

## Utah Community Health Worker Coalition



### Leavitt Partners White Paper Summary August 2018

#### Overview

Utah is known for its healthy populations, low cost of health care, and innovative practices. Although the state ranks fourth in the nation for overall health, improvements can be made in the quality of life and to decrease health costs - especially, in minority and high-risk populations. Community Health Workers (CHW) offer a cost-effective and culturally appropriate alternative to traditional outreach methods. CHWs are frontline public health workers who serve as a bridge between patients, health care providers, and social service providers.

CHWs are uniquely trained and positioned to address social and care management needs while allowing nurses, physicians, social workers, and other licensed workers to practice at the top of their license and focus on diagnosis, treatment, and administration of care. Often members of the populations and communities in which they work, CHWs build trusted relationships, which improve interactions and support successful outcomes. They speak a common language, come from a similar culture, and have a deeper understanding of the populations' needs. Their goal is to provide education about disease prevention and lifestyle modification, and provide informal counseling and coaching in addition to extending support to targeted individuals.

#### Healthcare Savings Incentive

A recent study estimated the savings from CHW interventions range from \$1.81 to \$5.58 for every \$1.00 spent. Another study estimated an expected savings of 7.1 percent in the third year. In Utah, Holy Cross Ministries, an organization that employs CHWs, assisted 89 percent of their target population, Hispanic and other minority populations, to obtain health care coverage or services. They find that CHWs improve the physician-patient relationship and increase patients' trust in the healthcare system.

#### CHW Outcomes

Community Health Worker interventions have been shown to improve outcomes for patients with chronic conditions by enhancing disease prevention, reducing 30-day hospital readmissions, improving mental health, promoting positive lifestyle behavior change, increasing linkages to primary care, decreasing hospital costs, and improving patient and provider satisfaction. There are many populations in Utah who could benefit from services CHWs provide.

#### Recommendations

Evidence shows that targeted CHW interventions enhance the care experience, improve health outcomes, and have potential to reduce the cost of care. Increasing the engagement of CHWs across Utah's communities can improve access to care and management of chronic conditions while decreasing pent-up demand for care, cultural barriers, and avoidable use of the emergency department. Costs within the system may decrease, efficiency will increase, and patient and provider satisfaction will improve. Community Health Workers add fuel to the vehicle that drives improvement and achieves health care goals.





## Community Health Worker Definition

A community health worker (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 worker to serve as a **connector between health/social services and the community** to facilitate access to services and improve the quality and cultural competence of service delivery. A community health worker is not necessarily a clinical professional but receives training to **build 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.

### Other names for CHWs:

- |                                 |                          |
|---------------------------------|--------------------------|
| Promotore(a )                   | Community-based doula    |
| Community connector             | Lay health advisor       |
| Community health advocate       | HIV peer counselor       |
| Community outreach worker       | Patient health navigator |
| Family health advocate          | Patient advocate         |
| Maternal child health worker    | Patient educator         |
| Peer support specialist         | Peer educator            |
| Community Health representative | Community Wellness Coach |
| Parent support partner          | Recovery coach           |

## CHW Scope of Practice

Role
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 and Research

## CHW Core Skills

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1. <b>Communication Skills</b>
2. <b>Interpersonal and Relationship-building Skills</b>
3. <b>Service Coordination and Navigation Skills</b>
4. <b>Capacity Building Skills</b>
5. <b>Advocacy Skills</b>
6. <b>Education and Facilitation Skills</b>
7. <b>Individual and Community Assessment Skills</b>
8. <b>Outreach Skills</b>
9. <b>Professional Skills and Conduct</b>
10. <b>Knowledge Base</b>

## The Impact of CHWs: A Summary

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The estimated the savings from the work of CHWs ranges from \$1.81 to \$5.58 for every \$1 spent.

The latest research shows there are many populations in Utah that could benefit from the services CHWs provide, including those with chronic conditions, high emergency department utilization, limited access to physicians, low health literacy levels, high rates of uninsured, diverse cultures, minorities, and limited English-speaking groups.

CHWs benefit their community in many ways, including:

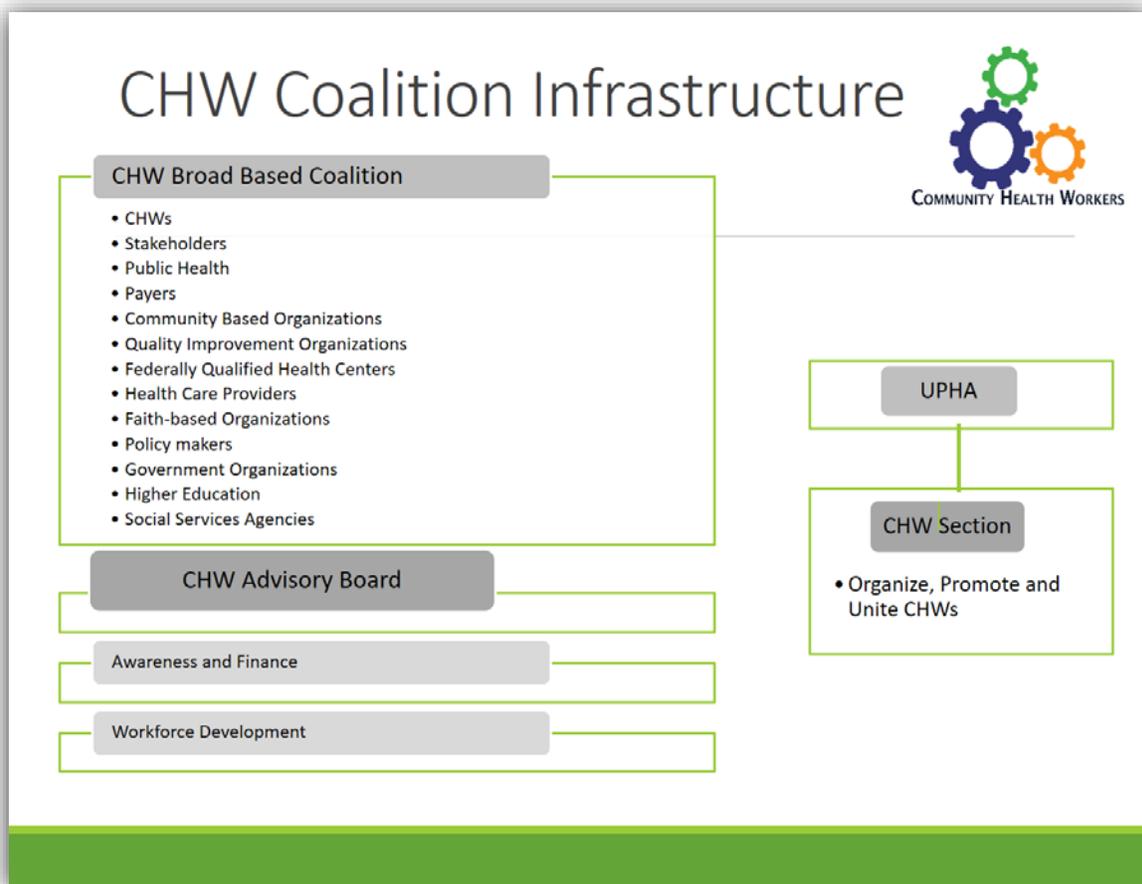
- Home visits enable CHWs to address social and care management needs of patients, as well as connecting them to community resources
- They provide personal support with following treatment plans, prescribed medications, and attending health care appointments
- CHWs reduce gaps in clinical care access by securing transportation, providing health education, and assisting with setting individual health goals
- Cultural barriers are addressed and CHWs provide language interpretation
- CHWs help navigate the complex health care system, such as enrollment forms and Medicare/Medicaid eligibility
- Support from CHWs can result in improved physician-patient relationships and they serve as a liaison between patients, physicians, and social services

*For more, see: Leavitt Partners, Community Health Workers White Paper: [“Driving Improvements in Utah’s Health Outcomes: the community health worker solution.”](#) 2018.*

## The CHW Coalition

Led by an Advisory Board, the CHW Coalition consists of two workgroups served voluntarily by CHWs, members of local government, non-profit organizations, health systems and Utah businesses. The workgroups include: Workforce Development and Awareness & Finance. Workgroup members meet regularly on these focus areas:

- Standardize training of CHW core competencies for CHWs, accessible statewide
- Certification for CHW training upon completion
- Defined Scope of Practice for CHWs
- Development and growth of the CHW Section, under the Utah Public Health Association (UPHA)
- Public and professional recognition for the work of CHWs
- Return-on-investment business case for CHW work, with sustainable finance mechanisms



**Get involved!** Attend our monthly workgroup meetings to help build awareness for CHW, provide training, and secure sustainable funding for the CHW profession! Contact Tessa Acker, [tacker@utah.gov](mailto:tacker@utah.gov); 801-538-6593 for more information!