

Community Health Worker Medicaid Reimbursement

Implementing SSB 5693 Sec 211 (103)

Bree Collaborative
May 2023

Washington State
Health Care Authority

Agenda

Background and Project Timeline

Community Health Workers and Medicaid

Community Priorities and Potential Barriers

HCA Approaches and Next Steps

Bree Collaborative Reflections

Questions & Comments

SSB 5693 Sec 211 (103)

Background & Timeline

Community Health Worker (CHW)

“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 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.”

- CHW Task Force (2019)



Communication and interpersonal relationship building



Cultural humility and responsiveness



Outreach



Education and facilitation



Individual and community assessment and direct services



Service coordination and navigation



Advocacy and capacity building



Experience and knowledge base



Professional skills and conduct





Evaluation and research


Community Health Workers (CHW) in Primary Care supporting children and youth [ESSB 5693, Sec. 211 (103)]

Legislative Direction

**2-year grant program
Jan 2023 – Jan 2025**


 Outreach, informal counseling, and social supports for health related social needs

 Determine if eligible for federal matching funds


 Report on impact and health outcomes

 **Explore long term reimbursement options**

Policy Implementation

 Administer grant to primary care settings serving children, youth, and their families

 Collaborate with Department of Health (DOH) to align with CHW core curriculum and new health specific modules

 Include CHW services in Medicaid Transformation Project Waiver renewal as means for possible federal match funds

 Conduct a mixed methods evaluation to assess impact and support sustainability efforts

Exploring CHW Reimbursement

ESSB 5693, Sec. 211 (103) states:

- ▶ “In collaboration with key stakeholders including pediatric primary care clinics and Medicaid managed care organizations, the authority shall explore longer term, sustainable reimbursement options for the integration of community health workers in primary care to address the health-related social needs of families, including approaches to incorporate federal funding.”

Project Timeline

- ▶ CHW grant development activities took place June through December 2022 with the grant launch in January 2023. The grant ends in December 2024.



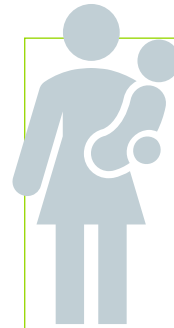
Community Health Workers and Medicaid

Washington's Current State

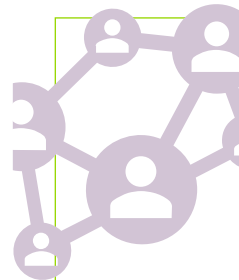
► Where are CHWs already incorporated into Apple Health:



Federally Qualified
Health Centers



First Steps Maternity
Support Services (MSS)



Managed Care
Organizations

Findings in state Medicaid agencies

- ▶ Interviewed representatives for state Medicaid agencies and partners like Department of Health

Successes

- Partnerships, including:
 - Sister state agencies
 - CHWs and CHW associations
 - Community organizations
 - Tribal partners
- Collaboration aligning services with the CHW defined role
- Partnership with CHWs in developing guidance

Challenges

- Broad range of scope of practice, qualifications, and functions across settings and communities
- Use of various titles
- Similarities with other community-tailored roles (e.g. doulas, peers, navigators)
- Multitude of different training and professional development agencies
- CHW services are billable through Medicaid; states report low use of available codes

Preview of Options

- ▶ All of these options per CMS require a referral from a licensed practitioner

Option 1	Referral based preventative services
Option 2	Preventative services associated with licensed practitioner
Option 3	Working under the scope of a licensed practitioner
Option 4	Create a CHW state credential to become a licensed practitioner

Administrative tasks

Scope of services

State credential

Supervision

Payment

Key Considerations

▶ Address gaps

- ▶ Address current limitations for who can access, where, and how
- ▶ Explore approaches to define settings and eligible populations

▶ CHW perspectives

- ▶ Align approach with CHW defined role and explore models that reflect CHW defined activities

▶ Requirements

- ▶ Understand additional resources and processes each approach would require
- ▶ Examples include administrative tasks, supervision requirements, and state credentials

Outside the scope of this project

Comparable community-tailored roles, such as peers and/or doulas

Payors and insurers outside of Apple Health

Does not address all community settings where CHWs work

Community Priorities & Potential Barriers

Key Priorities

Scope of CHW Services

- Prevention-based, client-centered, responsive care
- Ability to offer services outside clinic and appointments
- CHWs are treated as a trusted member of the care team

Sustainability & Workforce

- Sustainable options for CHWs
- Livable wages
- Reducing administrative burden and burnout for CHWs
- Pathways for community-based organizations

Inclusion & Equity

- Accessibility to CHW services regardless of insurance, setting or CHW employer
 - Specifically respondents are interested in options for reimbursement beyond Medicaid
- CHWs are “protected” by the companies where they work

Potential Barriers

Scope of Services

- Adequate training and support, specific for specialty areas
- “Accountability” for CHW services
- Ability to access services regardless of insurance type, setting, CHW employer
- Referral process delaying access to services

Sustainability & Workforce

- Career pathways to continue to build skills and earning potential
- Timeline to establish being aligned with HCA CHW grant

Inclusion & Equity

- Accessible training
- Reasonable qualifications for CHWs
- State Credential
 - Concerns around equity, inclusion, and accessibility
 - Alignment with CHW purpose and approach

HCA Implementation Components

- Aligning implementation with the end of HCA's CHW grant
- Policy development, including:
 - Place of services
 - Qualifications in alignment with CHW competencies
- Identifying allowable licensed practitioners and supervision requirements
- Service codes and rate development

Components beyond Medicaid

- CHWs valued as a trusted members of care teams
- Reducing administrative burden and burnout
- Pathways for community-based organizations
- Protections for CHWs in their workplace
- Adequate training and support, especially for specialty topics
- Referral process for accessing CHW services
- Reasonable qualifications for CHWs
- Sustainable financing for CHW services outside of Medicaid
- Establishing salary/wages for CHWs
- CHW career pathways
- Accessibility of CHW training and professional development
- Development of a State Credential for CHWs

HCA's Approaches & Next Steps

What do states need to implement new Medicaid services?



- ▶ States have three authorities
 - ▶ Medicaid state plan
 - ▶ Agreement with CMS about what services will be covered and how by the state Medicaid agency
 - ▶ Medicaid waiver
 - ▶ Provides authority for states to pilot or implement demonstration projects
 - ▶ Managed Care
- ▶ Funding is a combination of state and federal dollars

Pathways for CHW Medicaid Reimbursement



State Plan Amendment

Goal to establish by January 2025

Focuses on CHW reimbursement within current Medicaid delivery settings and established payment options

Medicaid Transformation Project (MTP) Waiver

Anticipate Center for Medicare and Medicaid Services (CMS) by June 2023

- Additional approvals and distribution of funds will be required prior to initiating payment for CHWs

Goal to accelerate care delivery and payment innovation on health-related social needs, including community-based workforce capacity and payment

CHWs and MTP Waiver renewal

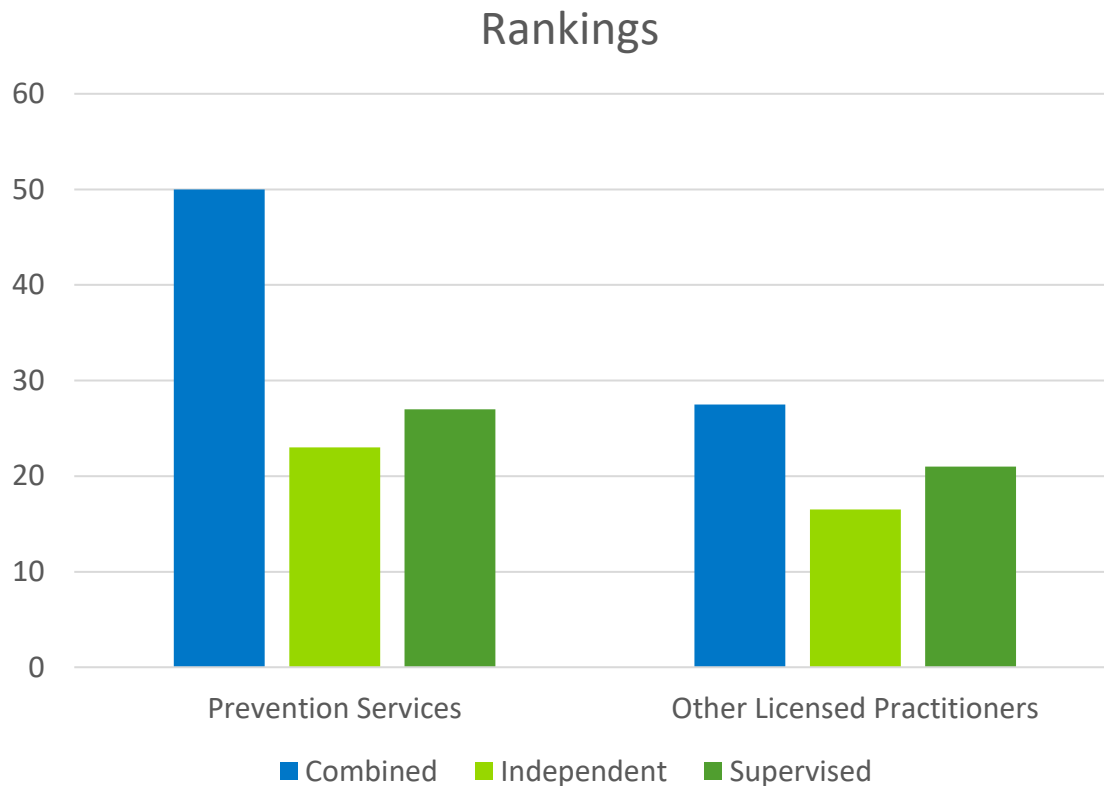
- ▶ **Goal:** Develop new services for Health Related Social Needs (HRSN) and community-based coordination
 - ▶ **Primary strategy:** 9 ACHs will contract with community-based organizations (CBOs) to fund existing or create new CHW roles
- ▶ What does HCA hope to learn?
 - ▶ HCA plans to use the waiver to assess and identify strategies for:
 - Building infrastructure and workforce capacity
 - Partnership with CBOs
 - Billing and contracting practices for non-traditional Medicaid services
 - Including reimbursement options for CHWs who are not currently a part of the Medicaid system
 - Sustainable Medicaid funding beyond the waiver period
 - ▶ HCA will evaluate and elevate payment recommendations for new, non-traditional Medicaid services and community-based coordination

Want to learn more?

Reach out to your [regional ACH](#)

Visit [HCA's MTP renewal webpage](#)
or email
medicaidtransformation@hca.wa.gov

Community Preferences for State Plan Options



- ▶ 74% of responses indicated a preference for Prevention Services
 - ▶ 45% ranked Option 2 (Preventive services associated with licensed provider) #1 preferred option
 - ▶ 71% ranked as 1st or 2nd choice (26% ranked as #2 preferred option)
 - ▶ 29% ranked Option 1 (Referral-based preventive services) as #1 preferred option

Option 2: Preventive Section of Medicaid State Plan (Supervised by licensed practitioner)

- ▶ Alignment with feedback received, including:
 - ▶ Prevention focused services
 - ▶ Reduction of administrative burden on CHWs
 - ▶ Encourages collaboration within care teams
 - ▶ Timeline for implementation
 - ▶ Does not require development of a state credential
- ▶ Additional benefits of this approach:
 - ▶ Expanded CHW services for Apple Health enrollees
 - ▶ Encourage embedding CHWs in places where enrollees receive care

Administrative Tasks

- Clinic and/or supervising licensed practitioner would do the following:
 - Support adding CHW as one of their Medicaid service providers
 - Negotiate adding CHW services to their contracts with MCOs
 - Support submitting of claims for CHW services

Scope of Services

- CHWs would receive referral internally from clinic and/or supervising licensed practitioner. Services must meet the following:
 - Prevent disease, disability, and other health conditions or their progression
 - Prolong life
 - Promote physical and mental health and efficiency

State Credential

- Not required

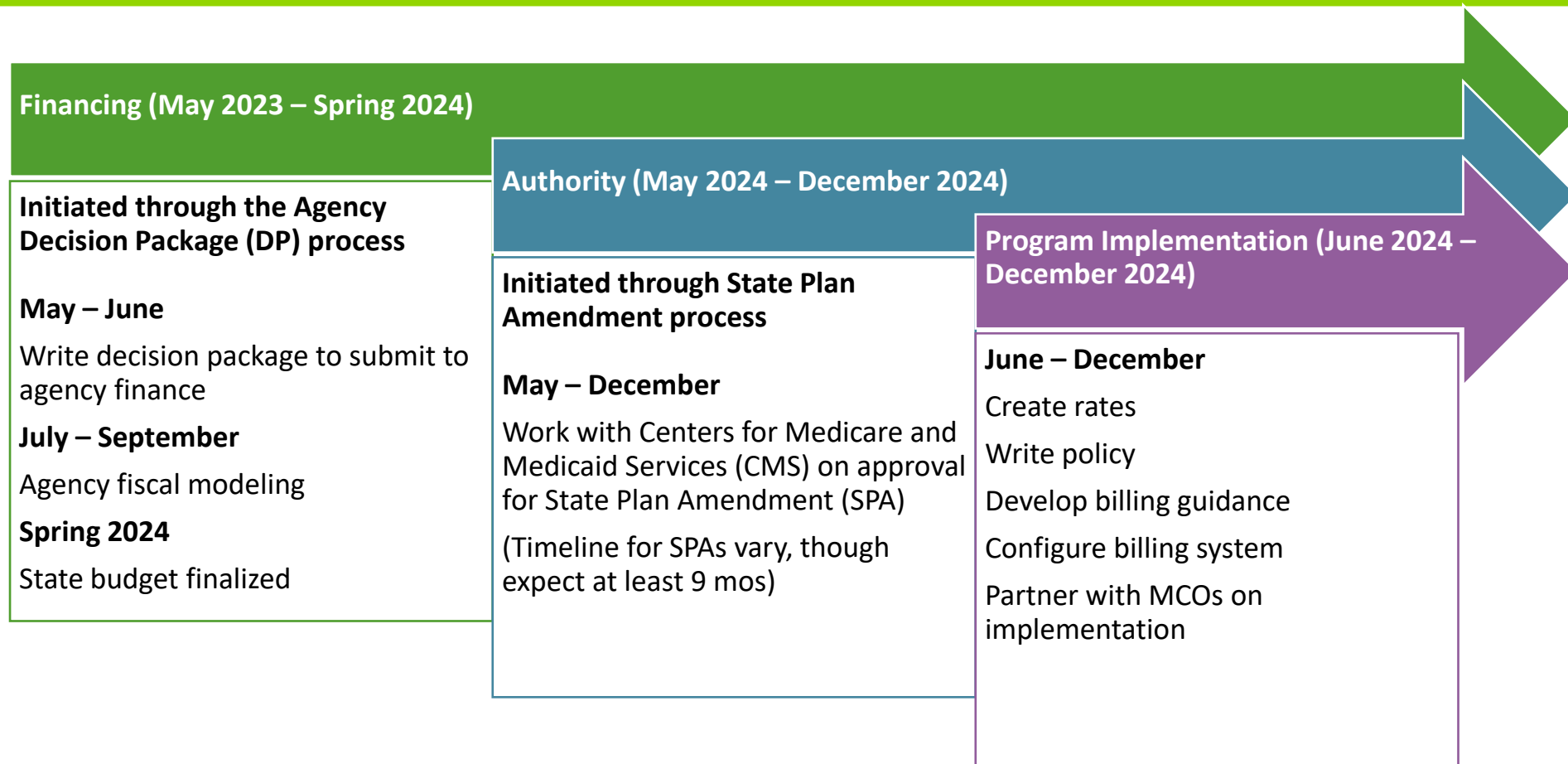
Supervision

- CHW would practice under the supervision of a licensed practitioner

Payment

- Payments would go to the clinic and/or supervising licensed practitioner who would establish a contract and employment with CHW

Implementation Components



Bree Collaborative Reflections

For payors, how does this align with services and benefits you are currently or planning to offer?

For providers who are seeing clients from a payor mix (i.e. commercial insurance and Medicaid), how would this approach work within your practice?



Questions & Comments

Stay informed by signing up for [Pediatric Health GovDelivery alerts](#) or visit the [Community Health Worker Grant \(CHW\) webpage](#)

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CHW Medicaid Reimbursement Resources



[CHW Medicaid Reimbursement slides](#)



[CHW Medicaid Reimbursement FAQ](#)

- HCA will continue to update with responses to new and pending questions as needed



[Community Health Worker State Interview Findings](#)