Community Health Worker Medicaid Reimbursement
Implementing SSB 5693 Sec 211 (103)

Bree Collaborative
May 2023
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)
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.

Aug – Dec 2022
• Conduct state interviews

Mar 2023
• 1st community presentations

Apr – May 2023
• 2nd Community Presentations

Jan 2025
• Medicaid reimbursement established

Jan – Feb 2023
• Develop project plan

Apr 2023
• Incorporate community feedback
• Update HCA project team

May – June 2023
• Initiate agency decision package process
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

<table>
<thead>
<tr>
<th>Successes</th>
<th>Challenges</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Partnerships, including:</td>
<td>• Broad range of scope of practice, qualifications, and functions across</td>
</tr>
<tr>
<td>• Sister state agencies</td>
<td>settings and communities</td>
</tr>
<tr>
<td>• CHWs and CHW associations</td>
<td>• Use of various titles</td>
</tr>
<tr>
<td>• Community organizations</td>
<td>• Similarities with other community-tailored roles (e.g. doulas, peers,</td>
</tr>
<tr>
<td>• Tribal partners</td>
<td>navigators)</td>
</tr>
<tr>
<td>• Collaboration aligning services with the</td>
<td>• Multitude of different training and professional</td>
</tr>
<tr>
<td>CHW defined role</td>
<td>development agencies</td>
</tr>
<tr>
<td>• Partnership with CHWs in developing</td>
<td>• CHW services are billable through Medicaid; states report low use of</td>
</tr>
<tr>
<td>guidance</td>
<td>available codes</td>
</tr>
</tbody>
</table>

• Multitude of different training and professional development agencies
# Preview of Options

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

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Option 1</td>
<td>Referral based preventative services</td>
</tr>
<tr>
<td>Option 2</td>
<td>Preventative services associated with licensed practitioner</td>
</tr>
<tr>
<td>Option 3</td>
<td>Working under the scope of a licensed practitioner</td>
</tr>
<tr>
<td>Option 4</td>
<td>Create a CHW state credential to become a licensed practitioner</td>
</tr>
</tbody>
</table>

- **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](mailto:medicaidtransformation@hca.wa.gov)

Visit [HCA’s MTP renewal webpage](mailto:medicaidtransformation@hca.wa.gov)

or email [medicaidtransformation@hca.wa.gov](mailto: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

Financing (May 2023 – Spring 2024)
- Initiated through the Agency Decision Package (DP) process
- May – June
  - Write decision package to submit to agency finance
- July – September
  - Agency fiscal modeling
- Spring 2024
  - State budget finalized

Authority (May 2024 – December 2024)
- Initiated through State Plan Amendment process
- May – December
  - Work with Centers for Medicare and Medicaid Services (CMS) on approval for State Plan Amendment (SPA)
    - (Timeline for SPAs vary, though expect at least 9 mos)

Program Implementation (June 2024 – December 2024)
- June – December
  - Create rates
  - Write policy
  - Develop billing guidance
  - Configure billing system
  - Partner with MCOs on implementation
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

Christine Cole, LCSW, IMH-E®
Infant & Early Childhood Mental Health Program Manager
Clinical Quality Care Transformation
Christine.Cole@hca.wa.gov

Nikeisha ‘Nikki’ Banks, MPH
Community Integration Program Manager
Clinical Quality Care Transformation
Nikki.Banks@hca.wa.gov
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