STATE OF CONNETICUT
State Innovation Model
Community Health Worker Advisory Committee
Definition Design Group
Meeting Summary
Thursday, September 29, 2016
10:00 am – 11:00 am

Location: Litchfield Room, CT Behavioral Health Partnership, Suite 3D, 500 Enterprise Drive, Rocky Hill, CT 06067

Members Present: Migdalia Belliveau, Darcey Cobbs-Lomax, Grace Damio, Milagrosa Seguinot, Mayce Torres

Members on the Phone: Yolanda Bowes, Loretta Ebron, Liza Estevez,

Other Participants: Luisa Casey, Meredith Ferraro, Bruce Gould, Maggie Litwin, Katharine London (phone), Jenna Lupi, William Tootle, Stanley Zazula

1. Call to Order
The meeting was called to order at 10:07 am.

2. CHW Definitions
The design group read through nine different CHW definitions and discussed various aspects of some of them. The definitions were from Massachusetts, Maine, Rhode Island, Texas, Florida, Minnesota, the American Public Health Association, the CHW Association of Connecticut, and the New England CHW Coalition.

Massachusetts: Yolanda Bowes liked that it provides specific examples of what a CHW might do. She said it would be clear to someone who knew nothing about CHWs. Grace Damio noted that she is torn between providing concrete examples, as the Massachusetts definition does, and making a definition brief and clear. Bruce Gould expressed concern about its use of language that seems to restrict CHWs to only those roles and activities enumerated in the definition. Language like "might include these roles" or "roles such as" would make it broad enough to remain relevant as the roles of CHWs expand with the transformation of healthcare.

Maine: Darcey Cobbs-Lomax appreciated its simplicity.

Rhode Island: Ms. Damio liked its inclusion of "engagement."

Texas: Ms. Damio thought it might be somewhat confusing to someone unfamiliar with some of its terminology, especially "promotor(a)," which is more commonly used in the Southwest. Also, given that one of the committee's central objectives is to get CHWs sustainably funded, she said the inclusion of volunteerism in a Connecticut definition could be problematic. Milagrosa Seguinot agreed with Ms. Damio's views on the definition's terminology, stating that it reflects the particular population that CHWs in Texas serve and from which they come.

Minnesota: Ms. Cobbs-Lomax thought it was concise and clear and very applicable to the healthcare setting in which she works. Ms. Bowes agreed that it is free of jargon and easy to understand. Katharine London stated that it seemed to describe more the goals of CHW services than what it is about CHWs that distinguishes them from other healthcare providers.

New England CHW Coalition: Ms. Seguinot explained that this is the definition that New England states have proposed to the US Department of Labor (DOL) and recommended that it adopt. She also remarked that it addresses some of the concerns that Robert Zavoski and Mark Schaefer had raised during the last definition discussion on 6/14/16. She expressed as well a willingness on the part of the CHW Association of Connecticut (CHWACT) to support revisions to its definition based on information provided by key people.

Stanley Zazula asked if it is possible to have both a DOL and CHWACT definition. Ms. Seguinot said that she did not see why that would not be possible, adding that CHWs need to have their own identity and that CHWACT could always revise its definition to keep up to date with changes.

Mr. Zazula also asked if he was right in thinking—given the discussion on 6/14/16—that the payment model for CHWs will be based not on the definition but rather the roles and skills that the committee has already adopted. Jenna Lupi responded that she thinks that both the definition and scope of work will play a role in determining how CHWs will be reimbursed. She added that despite the fact that much of the discussion on 6/14 revolved around fee-for-service reimbursement, that is not a payment model that Medicaid or any other payer will likely be pursuing. It is certainly not a solution that SIM is pursuing. She also remarked that if the New England CHW Coalition definition is the one DOL is considering—and if CHWACT is open to making revisions to its own definition based on it—then the committee may want to think more seriously about it and how pieces of it might be incorporated into Connecticut's.

Ms. Damio observed that the definition for DOL is really just a bunch of roles presented in paragraph format and that it doesn't really say what CHWs are or how they differ from other health workers. It reads more like part of a position announcement than the kind of definition Connecticut needs. Ms. London agreed.

Meredith Ferraro provided more context for the DOL definition and explained that the agency will not adopt a definition until 2018 and that, based on input from other groups, it could change by that time. And in response to a question from Ms. Damio, she confirmed that endorsement (by groups such as the New England CHW Coalition) is of the enumerated functions and not necessarily of a definition.

Ms. Lupi noted that Mr. Zazula's suggestion about having both a standard definition like the DOL one and a Connecticut-specific one like CHWACT's sounded like the direction the committee wanted to go in. The DOL definition could help Medicaid develop a limited fee-for-service policy, if they chose that route, but the committee's focus is broader and not on fee-for-service. She said the committee could move forward with the CHWACT definition if that is what everyone wanted to do.

Ms. Ferraro reiterated Mr. Zazula's comments that the DOL definition does not include research and evaluation, which the C3 Project does (because it discovered that they are important activities for CHWs across the country). Ms. Lupi said those skills could apply to the Community & Clinical Integration Program (CCIP) because CCIP awardees may employ CHWs to collect data and do research to identify health-equity challenges and develop solutions to address them.

To illustrate the importance of research skills, Mayce Torres related how one of her recent projects was to assess the barriers to care in north Hartford. What she discovered through outreach is that hospitals in the area, which includes a large immigrant population, were requiring an IRS audit to access services and that this was leading the undocumented to go without care. Neither knowledge of that barrier nor the potential to overcome it would have been possible without her getting out into the community and doing the necessary research.

Draft Connecticut CHW Definition – based on previous discussions: Mr. Zazula explained that given the short amount of time the definition design group had, he and his colleagues at Southwestern AHEC had drafted a definition that takes into consideration all the definitions the committee just reviewed and all the discussions the committee has had. He presented it and the group discussed it.

Ms. Torres said she was proud of the definition that Mr. Zazula presented, noting that she thought it was more encompassing and forward looking than any other state's. Ms. Damio thought it was great but still needed language about the role of CHWs in addressing the social determinants of health; otherwise, it would be too clinical. Loretta Ebron felt proud of it, agreeing, though, with Ms. Damio that a component about social determinants of health needs to be in it. She said she believes it encompasses what CHWs do, how they do it, and who they do it for. Ms. Bowes also liked it and agreed with Ms. Damio that something about the social determinants of health needs to be inserted. Liza Estevez liked the definition as well.

Ms. Seguinot felt very comfortable with the wording because it takes into consideration everything the committee has been discussing since the beginning and incorporates pieces of the CHWACT definition. She asked, however, if the group thought those who will be developing funding mechanisms would be comfortable with it. Dr. Gould responded that the committee is also recommending roles and competencies, which is really what funders want. They want a list of what CHWs can do. This is just a broad definition of who can be called a CHW. Ms. Seguinot replied that the committee should therefore make it very clear that the definition is one thing and the roles and skills another so that the definition is not criticized for not including something and all the committee's work on it potentially made in vain.

Ms. London said that Ms. Seguinot is right and added that if the state were going to change its State Plan for Medicaid or put something in a contract, many things would need to be defined. The definition is just one of approximately six different things that would need to be in the Medicaid State Plan Amendment, and the committee is not pretending to do the work for Medicaid. The definition is an important piece that Medicaid would need, but not the only one. Ms. Lupi concurred, saying that if Medicaid chooses to do a State Plan Amendment, it is their responsibility to come up with whatever language they need. They may consult with the committee or individual members to help them with the process, but it is not the committee's responsibility to do the work for them.

Mr. Zazula asked whether—if the group was agreeing on a definition—the committee could present to DSS the roles and skills that it has modified and see if they could work with it so as to avoid the unproductive work that Ms. Seguinot expressed concerns about. Ms. Lupi responded that if the group has reached consensus on the definition, then she would want someone to present it and the rationale for it to the full committee. Dr. Zavoski from DSS would need to be at that meeting, so he could be aware of the definition and rationale and reply to Mr. Zazula's question.

Dr. Gould expressed concern about asking Medicaid or any other payer if the definition is okay. It should be broader than just what they will pay for. The question is whether it is broad enough to cover all that

CHWs will be doing as the system changes from fee-for-service to global payment. Ms. Lupi agreed, reiterating that the question of whether the committee is looking at fee-for-service as an option or not—it is not—caused some confusion very early on. If Medicaid chooses to do some portion as fee-for-service, that is on them. But since the general direction in which both the SIM and Medicaid are going is away from fee-for-service, that is where the committee should be putting its focus and energy in terms of the definition and scope.

The following is the definition that the group approved:

> A Community Health Worker (CHW) is a front line public health worker who is a trusted member of, and has a unique understanding of the experience, language, culture, and socioeconomic needs of the community served. A CHW serves as a liaison/intermediary between individuals, communities and health and social services to facilitate access to care, improve the quality and cultural responsiveness of service delivery, and address social determinants of health.
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> CHWs build individual and community capacity by increasing health knowledge and self-sufficiency through a range of culturally appropriate services such as outreach and engagement, education and informal counseling, advocacy, care coordination, basic screenings and assessments, and research and evaluation.

3. Next Steps
Ms. Lupi will send the definition out to the members of the design group for one last review and ask for a volunteer to present it at the next meeting of the full committee. If approved by the committee, it will become the definition.

4. Adjourn
The meeting adjourned at 10:58 am.