

CONNECTICUT  
HEALTHCARE  
INNOVATION PLAN



# Community Health Worker Advisory Committee

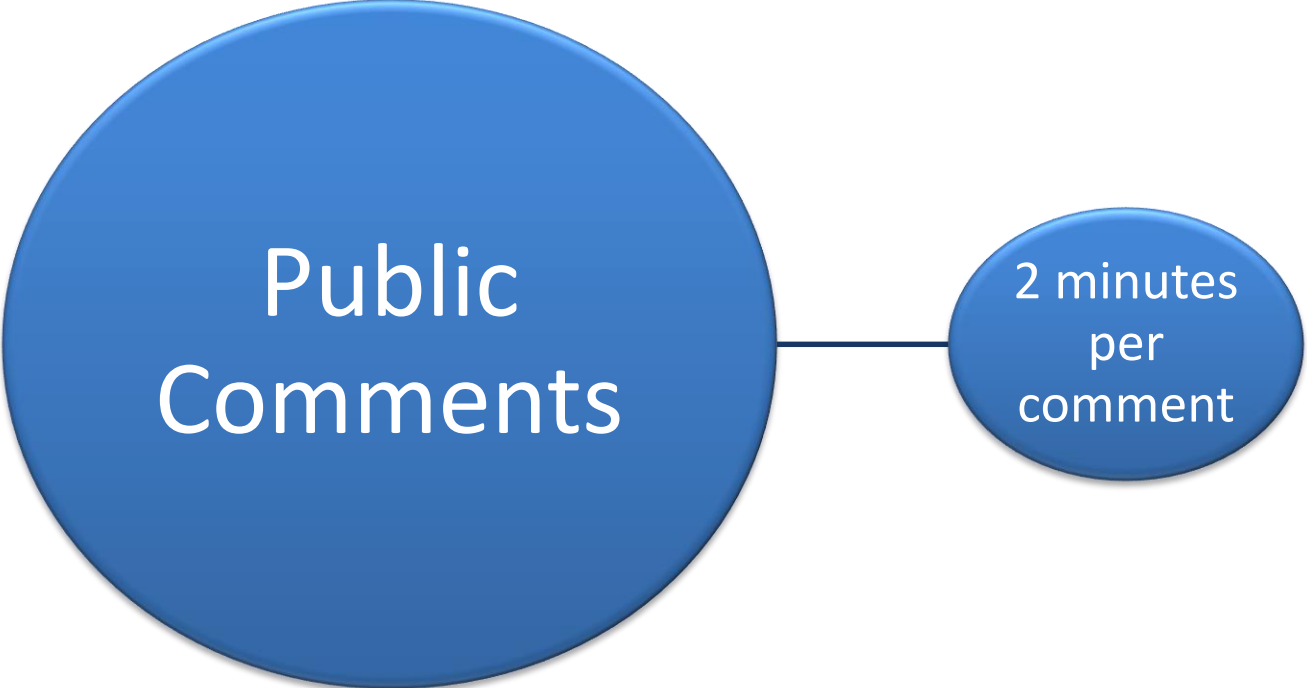
October 20, 2016

# Meeting Agenda

Item	Allotted Time
1. Call to order and Introductions	5 min
2. Public Comments	10 min
3. Approval of the Minutes	5 min
4. CHW Definition-Approval	15 min
5. CHW Certification- Review from August	10 min
6. CHW Certification- Lessons from other States	20 min
7. CHW Certification- Recommendations for a Certifying Entity	45 min
8. Wrap Up and Next Steps	15 min
9. Adjourn	

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Call to Order



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# CHW Definition- Approval

# CHW Definition- As Approved by the Design Group on 9/29/16

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“A Community Health Worker (CHW) is a front line public health worker who is a trusted member of, **and/or** 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.

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, **coaching**, and informal counseling; **social support**; advocacy; care coordination; basic screenings and assessments; and research and evaluation.”

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# CHW Certification- Review from August

# Certification/Credentialing

*Recap from August 30, 2016 meeting*

## Majority Agreed:

- CT should pursue Certification for CHWs
- Voluntary Certification
- Include a “grandparenting” process
- One certifying entity
- Board with Multi-Stakeholders to decide skills, training, & experience



# *Certification basics*

- Declaration by issuing authority that an individual has certain defined skills/qualifications
- NOT the same as an educational “certificate of completion”
- Issuing authority does NOT have to be the State: could be educational, association or employer-based
- *Licensing* is probably off the table: CHW is not a provider of clinical care

## *A responsive CHW certification system has:*

- Multiple paths to entry, including credit for experience
- User friendly application process without unnecessary barriers of education, language, citizenship status, cost
- Required education available in familiar, accessible settings
- Skills taught using appropriate methods (adult/popular education)
- Easy access to CEUs, distance learning
- Respect for volunteer CHWs – “first, do no harm!”

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## CHW Certification- Lessons from other States

# States Examples

State	Type	Certifying Entity
New Mexico	State Agency	Department of Health Office of Community Health Workers
Massachusetts	State Agency	DPH - CHW Board of Certification
Florida	Other - Third Party	Florida Certification Board
Rhode Island	State Agency	Rhode Island Department of Health
Oregon	State Agency	Oregon Health Authority Office of Equity and Inclusion
Minnesota	Academic Institution	Minnesota State Colleges & University System

# New Mexico

State Agency: Department of Health Office of Community Health Workers (OCHW)

## Office of Community Health Workers

## Pros

## Cons

- 2003 NM CHW Advisory Council (NMCHWAC) established by recommendation of legislative session to advise NM Dept. of Health on statewide training and certification process.
- 2008 Office of Community Health Workers
- 2015 CHW Certification Board to determine training standards and certification process.

- State office dedicated for CHW workforce.
- Well-regulated and sustainable.
- Faster state-wide recognition.

- State process significantly delayed.
- Overlapping roles of CHW Board and Advisory Council at this time.
- CHW Board not yet fully established with CHW representation.

# Massachusetts

State Agency: CHW Board of Certification (DPH)

## CHW Board of Certification

## Pros

## Cons

- 2006 legislation began
- 2010 legislation passed- called for board of certification of CHWs
- 2012 board established
- Board located within DPH Division of Health Professions Licensure
- Charged with establishing standards for education, training and CHW trainers, program curricula, and requirements for certification and renewal of certification

- Well-regulated and sustainable
- Good representation of CHWs and key stakeholders
- Faster state-wide recognition

- State Agency process
- Administration change

## Massachusetts Cont.'d

# CHW Board of Certification (DPH)

Chaired by a designee of the commissioner of DPH and includes the following 10 member titles appointed by the governor and nominated by organizations named in the authoring legislation:

- Community Health Worker 1
- Community Health Worker 2
- Community Health Worker 3
- Community Health Worker 4
- Community Health Worker Training Organization
- Community-Based Community Health Worker Employer
- MA League of CHCs
- MA Associated of Health Plans
- MA Public Health Association
- Public Member

# Florida

3<sup>rd</sup> Party Entity: Florida Certification Board

Florida Certification Board	Pros	Cons
<ul style="list-style-type: none"><li>• Independent body, non-profit organization</li><li>• Establishes/administers/monitors 32+ certification programs</li></ul>	<ul style="list-style-type: none"><li>• Nationally recognized credentialing organization</li><li>• CHWs involved in certification development</li></ul>	<ul style="list-style-type: none"><li>• Caution needed in regards to accountability of independent board</li><li>• CHWs not involved in administration of certification</li></ul>



# Rhode Island

State Agency: Rhode Island Department of Health

## Rhode Island Department of Health

## Pros

## Cons

- Endorses, promotes, and supports certification
- RI Certification Board (independent entity) establishes, administers, and monitors credentials
- Collaboration with Rhode Island College to develop and implement training programs

- Well-regulated credentialing entity
- Certification recognized by DOH

- Caution needed in regards to accountability
- CHWs not involved in administration of certification

# Oregon

State Agency: Oregon Health Authority

## Office of Equity and Inclusion

- 2011 legislation established
- Charged with development of education and training in accordance with CMS requirements.
- Same legislation created ACOs
- Established within Oregon Health Authority, Office of Equity & Inclusion
- Oregon Health Policy Board established the Traditional Health Worker Subcommittee to create core competencies, education, and training requirements for CHWs

## Pros

- CHWs are an integral part of the Traditional Health Worker Committee
- Traditional Health Workers are legislated
- Well-regulated and sustainable
- Faster state-wide recognition

## Cons

- State agency process

# Minnesota

State-wide Standardization (*not certification*) overseen by Minnesota State Colleges & Universities (MnSCU) enacted in 2007 for CHWs to participate in Medicaid program and receive payment for their services.

## CHWs must register with MN Department of Human Services

### Pros

- Single standard curriculum
- CHW certificate from MnSCU and formal application to MN DHS needed to make CHW eligible for reimbursement
- Under supervision of a licensed clinician and a billing provider
- CHW health education services can be reimbursed
- No direct reimbursement for CHWs

### Cons

- CHW as part of an interdisciplinary team in ACOs
- CHWs are reimbursed for services
- Fee for service model, limited to only two roles for reimbursement; one utilized
- Under-utilization of CHWs and limits workforce development

# CHW Certification- Discussion

# Responsibilities of Certifying Entity (1)

- Develop training and experience standards and requirements for voluntary certification:
  - for people desiring to become a CHW and
  - for experienced CHWs applying for the first time
  - for renewal
- Develop process and timeline for applying for certification and for renewal
- Develop process for assessing whether an applicant meets the requirements
- Establish an application fee (if necessary)

## Responsibilities of Certifying Entity (2)

- Establish grounds for complaints related to CHW services and process for the review and resolution of such complaints
- Establish a disciplinary process in response to such complaints, including a process for CHWs to appeal any disciplinary action
- Other responsibilities?

# Key Question: Certifying Entity

Who should develop the certification process?

(1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> choice)

- DPH alone
- CHW Board within DPH
- Independent Board
- Academic Institution
- Other

What process should it use to get public input?

- Establish formal Advisory Committee
- Hold public hearings

# Key Question: Training Curriculum

## **Training curriculum:**

- Should the certifying entity:
  - Develop 1 curriculum to be used statewide?
  - Review and approve curricula submitted by outside entities?
  - Develop a set of required core competencies and approve any curriculum that teaches those core competencies?



# Key Question: CHW Roles

## **CHW Roles:**

- Should the certifying entity adopt a set of approved roles for CHWs, using the roles document approved by this CHW Advisory Group as a model?
- That is, should CHWs be certified to perform a certain set of services?

# Key Question: Timeline

- By WHEN should the certifying entity finalize these processes?
  - E.g. within one year of its first meeting?
  - Different deadlines for different tasks?
- How often should the certifying entity review and update its decisions and processes?
  - Every five years?
  - Whenever it feels the need?

# Next Steps

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Adjourn