

CONNECTICUT
HEALTHCARE
INNOVATION PLAN



Community Health Worker Advisory Committee- Certification Design Group

November 30, 2016

CHW Certification - Review

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!”

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

Options for Certification - Cost to DPH

Licensure, Certification, or Registry - Administered by DPH	Determines who can or cannot legally engage in a profession, or work in a profession in specific settings. <u>Builds in safeguards for public</u>	-educational -examination -work experience Potential disqualifiers -felonies -prior professional discipline	<ul style="list-style-type: none"> • Fee collection • Credential verification • License/certification issuance • Complaint investigations • Complaint adjudication & enforcement 	Nurses, social workers, tattoo technicians, athletic trainers, nurse aides, barbers, etc. (~62 professions by DPH)
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Options for Certification - No Cost to DPH

Certification – Administered by entity other than DPH	Assessment of competencies, skills, knowledge, usually requires accreditation	Assessment of knowledge skills, and competencies	Cost varies	Example: Addiction counselors, clinical supervisors, co-occurring disorders and prevention professionals are certified by the Connecticut Certification Board.
“Certificate program”	Signifies successful completion of a training program and may include a related examination that a participant must pass. May require accreditation by a national body.	Completion of program and passing an examination	Cost varies	Examples: CPR Certificate Investigator Training certificate
Statutory Recognition (“title protection”)	Defines who can call themselves a certain title	Some type of certification and accompanying statutory language	N/A	Example: "Music therapist" means a person who (A) has earned a bachelor's or graduate degree in music therapy or a related field from an accredited institution of higher education, and (B) is certified as a music therapist by the Certification Board for Music Therapists or any successor of said board.

Example: Dental Assistants in Connecticut

- Dental assistants are not licensed, certified or registered by the Department of Public Health. The following information is provided regarding licensed dentists delegating dental procedures to dental assistants:

Pursuant to Section [20-112a](#), Connecticut General Statutes:

- **a licensed dentist may delegate** to dental assistants such dental procedures as the dentist may deem advisable, including the taking of [dental x-rays](#)
- **if the dental assistant can demonstrate successful completion of the dental radiography portion of an examination** prescribed by the Dental Assisting National Board,
- **but such procedures shall be performed under the dentist's supervision and control and the dentist shall assume responsibility for such procedures;**
- provided **such assistants may not engage** in the diagnosis for dental procedures or dental treatment; cutting or removal of any hard or soft tissue or suturing; prescribing of drugs or medications that require the written or oral order of a licensed dentist or physician; administration of local, parenteral, inhalation or general anesthetic agents in connection with any dental operative procedure; taking of any impression of the teeth or jaws or the relationship of the teeth or jaws for the purpose of fabricating any appliance or prosthesis; placing, finishing and adjustment of temporary or final restorations, capping materials and cement bases; or practice of [dental hygiene](#).

CHW Certification Design - Discussion Questions

**1. What entity should be responsible for administering a voluntary CHW process?
(Note that all of these may require funding.) List your preferences in order (1, 2, 3)**

Order of preference	1	2	3
DPH (Requires Legislation)	5	4	3
Professional organization or other non-profit	6	4	3
One or more academic institutions	2	4	6

2. If the certifying entity is private, should DPH or another public entity select or approve the certifying entity?

Answer Choices	Responses
Yes (requires legislation)	8
No	3

3. Should the certifying entity include:

Answer Choices	Responses
A board that votes on key issues	7
A board that provides advice, but does not have decision-making power	6
No board	0

4. If there is a board, should it be required to include people with certain skills or experience? People who represent specific organizations? (Choose all that apply)

Answer Choices	Responses
CHWs from Community Based Organizations	11
CHWs from Clinical Care Settings	12
Higher Education	9
Academic Researchers	4
Employers of CHWs	11
Healthcare Consumers or Advocates	8
Policy-Makers	10

5a. Should the certifying entity be responsible for each of the following tasks?

Task	Yes	No
a. Develop training and experience standards and requirements for voluntary certification for <i>people desiring to become a CHW</i>	11	1
b. Develop training and experience standards and requirements for voluntary certification for <i>experienced CHWs applying for the first time</i>	11	1
c. Develop training and experience standards and requirements for voluntary certification for <i>renewal</i>	11	1
d. Establish a set of approved roles for CHWs (understanding that an individual CHW job description might include some but not all of these approved roles)	11	2
e. Establish tiers of CHW practice (career ladder)	7	5
f. Establish a code of ethics for CHWs	11	2

5b. Should the certifying entity be responsible for each of the following tasks?

Task	Yes	No
g. Identify circumstances that could disqualify an applicant from certification (for example, prior professional disciplinary actions)	11	1
h. Develop process and timeline for applying for certification and for renewal	13	0
i. Develop process for assessing whether an applicant meets the requirements	13	0
j. Establish an application fee (if necessary)	12	0
k. Establish grounds for complaints related to CHW services and process for the review and resolution of such complaints	8	3
l. Establish a disciplinary process in response to such complaints, including a process for CHWs to appeal any disciplinary action	7	4
m. Hold public hearings on its policy proposals	6	6

6. Should the certifying entity:

Answer Choices	Responses
Develop a single curriculum to be used statewide?	2
Review and approve curricula submitted by outside entities?	4
Develop a set of required core competencies and approve any curriculum that teaches those core competencies?	6

7. By **WHEN** should the certifying entity establish these processes?

Answer Choices	Responses
6 months after it is established	4
1 year after it is established	8
18 months after it is established	0
2 years after it is established	0
The certifying entity should not have a deadline	1

8. How often should the certifying entity review and update its decisions and processes?

Answer Choices	Responses
Every year	3
Every two years	6
Every three years	1
Every five years	1
Whenever it feels the need	1
No requirement	0

Next Steps

Appendix

CHW Certification – Lessons from Other States

Example States

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
<ul style="list-style-type: none">• 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.	<ul style="list-style-type: none">• State office dedicated for CHW workforce.• Well-regulated and sustainable.• Faster state-wide recognition.	<ul style="list-style-type: none">• 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 (within DPH)

CHW Board of Certification

- 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

Pros

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

Cons

- State Agency process
- Administration change

Massachusetts Cont.'d

State Agency: CHW Board of Certification (within 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

3rd Party Entity: Florida Certification Board

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

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

- 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

Pros

- CHW as part of an interdisciplinary team in ACOs
- CHWs are reimbursed for services

Cons

- Fee for service model, limited to only two roles for reimbursement; one utilized
- Under-utilization of CHWs and limits workforce development