



CONNECTICUT  
*Office of Health Strategy*

# Healthcare Innovation Steering Committee

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September 13, 2018

# Meeting Agenda

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|---|--------|
| 1. Introductions/Call to Order                    | 5 min  |
| 2. Public Comment                                 | 10 min |
| 3. Approval of the Minutes                        | 5 min  |
| 4. Payment Reform Council Appointments            | 20 min |
| 5. Primary Care Modernization Planning            | 20 min |
| 6. Report to the Legislature on CHW Certification | 60 min |
| 7. Adjourn  |        |

# Introductions/Call to Order

# Public Comment

2 minutes per comment

# Approval of the Minutes

# Payment Reform Council Appointments

# Payment Reform Council Composition

Representing	Qualifications
1. Payer	Commercial, experience in alternative payment models
2. Payer	Commercial, experience in alternative payment models
3. ACO	Hospital-anchored, experience in contracting, shared savings arrangements
4. ACO	Non-hospital based, experience in contracting, shared savings arrangements
5. Office of State Comptroller	State representative
6. Medicaid	State representative
7. FQHC	Experience with PCMH+ or other shared savings arrangement

Representing	Qualifications
8. FQHC	Experience with PCMH+ or other shared savings arrangement
9. Provider	Clinician with experience in ACO model, and at least one of the following: Behavioral health Long term social supports/post-acute communities Social determinants, health equity
10. Provider	Clinician with experience in ACO model, and at least one of the following: Behavioral health Long term social supports/post-acute communities Social determinants, health equity
11. Consumer	Experience in at least one of the following: Behavioral health Long-term social supports Social determinants, health equity
12. Consumer	Experience in at least one of the following: Behavioral health Long-term social supports Social determinants, health equity
13. Employer	Experience with value-based contracting, headquarters in CT
14. Employer	Experience with value-based contracting, headquarters in CT

# Payment Reform Council- Personnel Subcommittee Nominees

## **Commercial Health Plans**

Peter Bowers, Anthem Blue Cross & Blue Shield

Eric Galvin, ConnectiCare Inc. & Affiliates

## **Employers**

Peter Holowesko, United Technologies Corporation

Fiona Mohring, Stanley Black and Decker

## **FQHCs**

Robert Block, Community Health Center, Inc.

Ken Lalime, Community Health Center Association of CT



# Payment Reform Council- Personnel Subcommittee Nominees

## **ACOs/Advanced Networks**

Jess Kupec, St. Francis Healthcare Partners

Joseph Quaranta, Community Medical Group

## **Providers**

Robert Carr, Western Connecticut Health Network

Naomi Nomizu, Integrated Care Partners, HHC

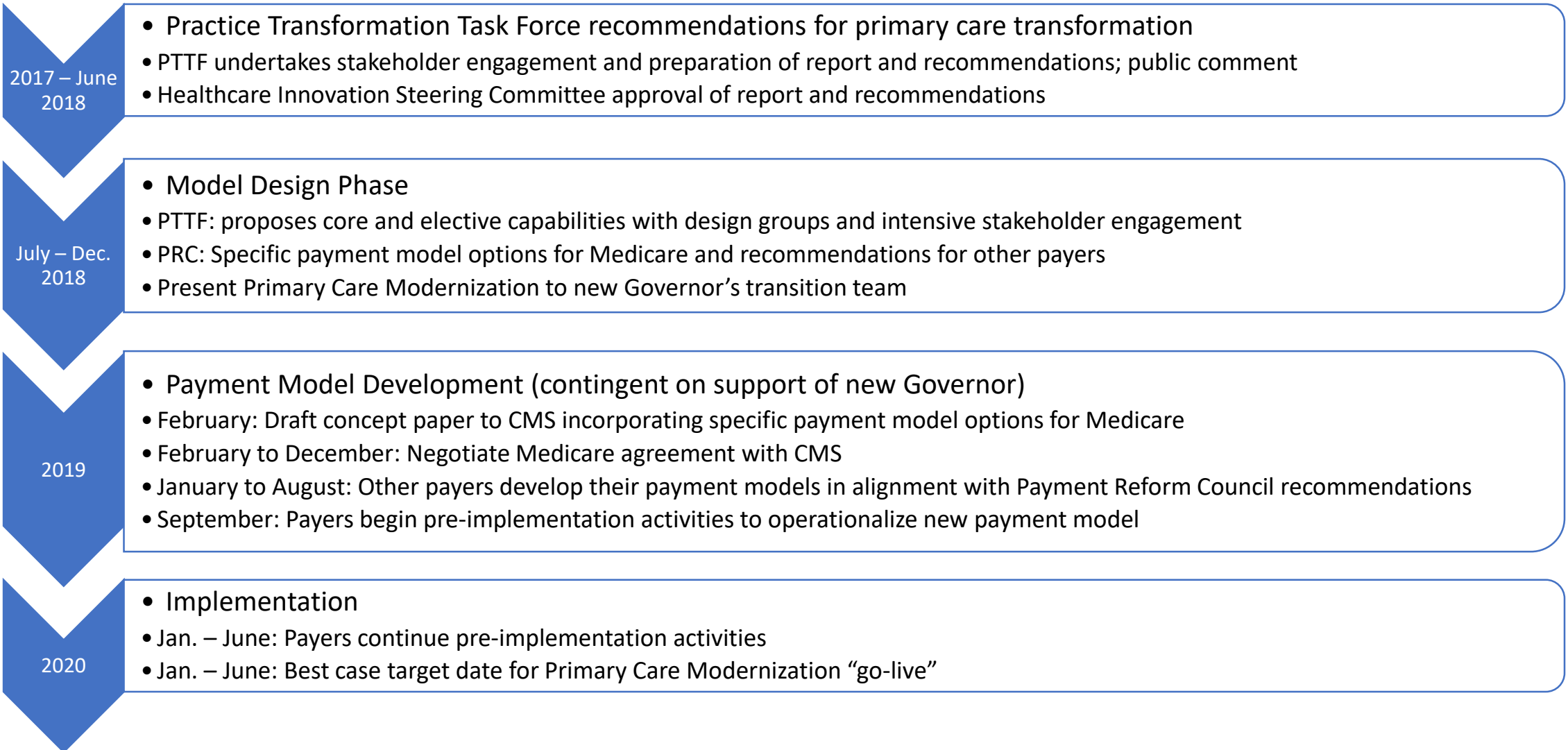
# Payment Reform Council- Consumer Advisory Board Nominees

- Tiffany Donelson, Connecticut Health Foundation
- Terry Nowakowski, Partnership for Strong Communities

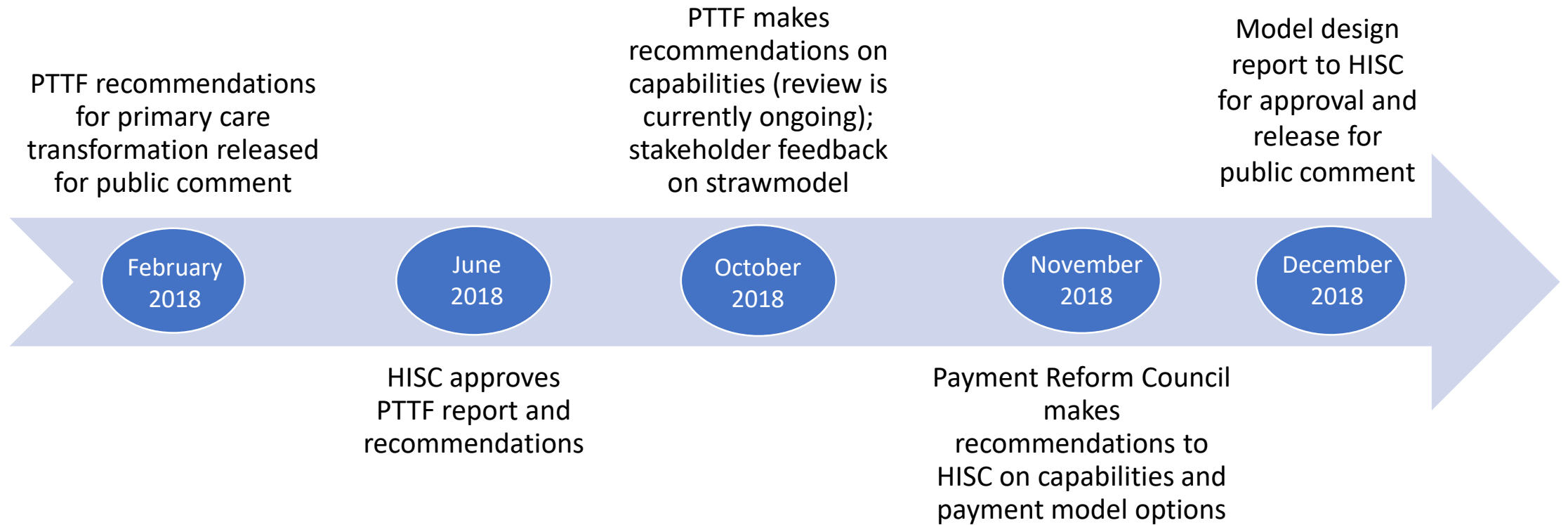
# Primary Care Modernization Planning

# Primary Care Modernization

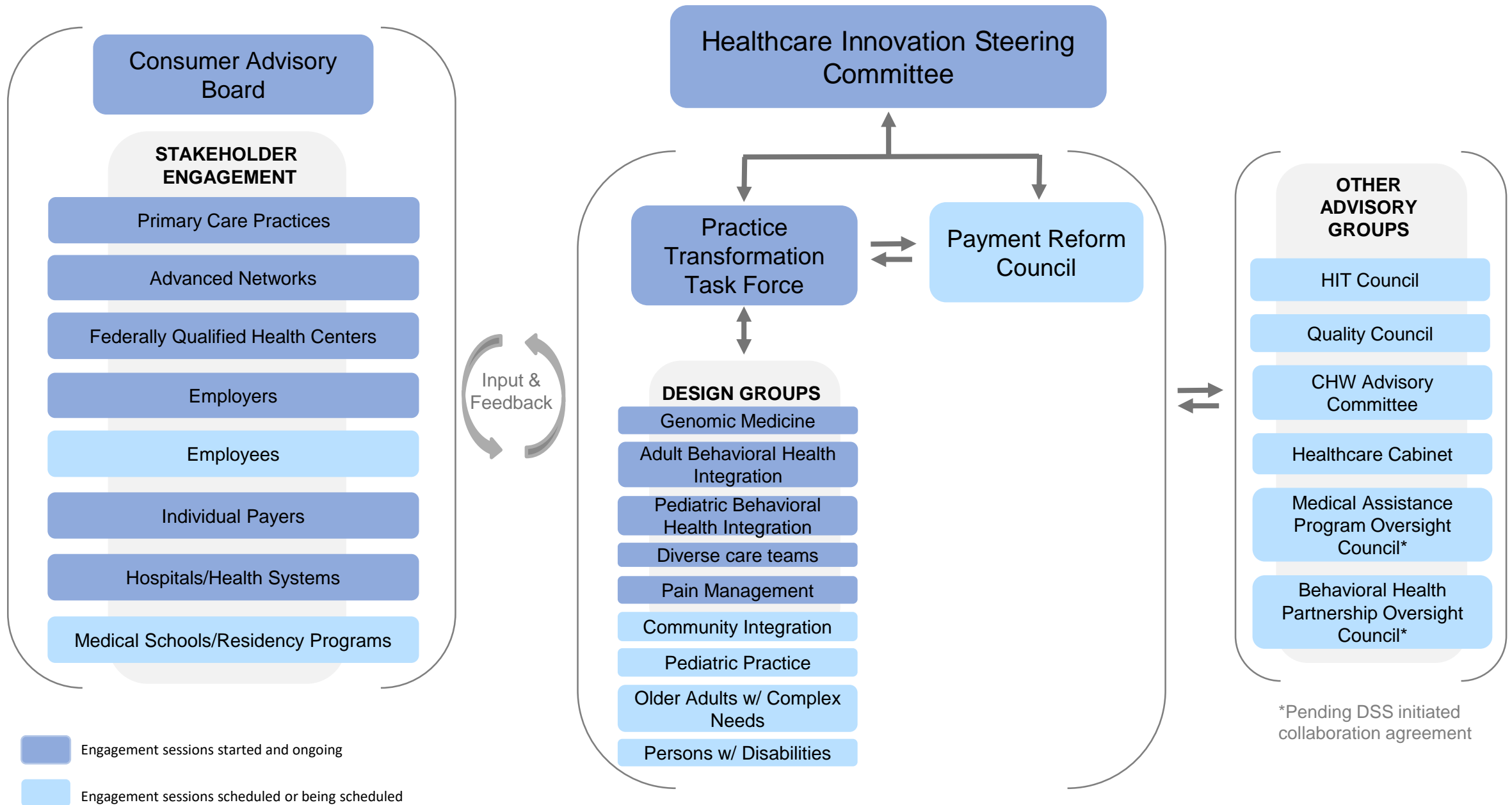
## High level timetable



# PCM Design Phase Milestones



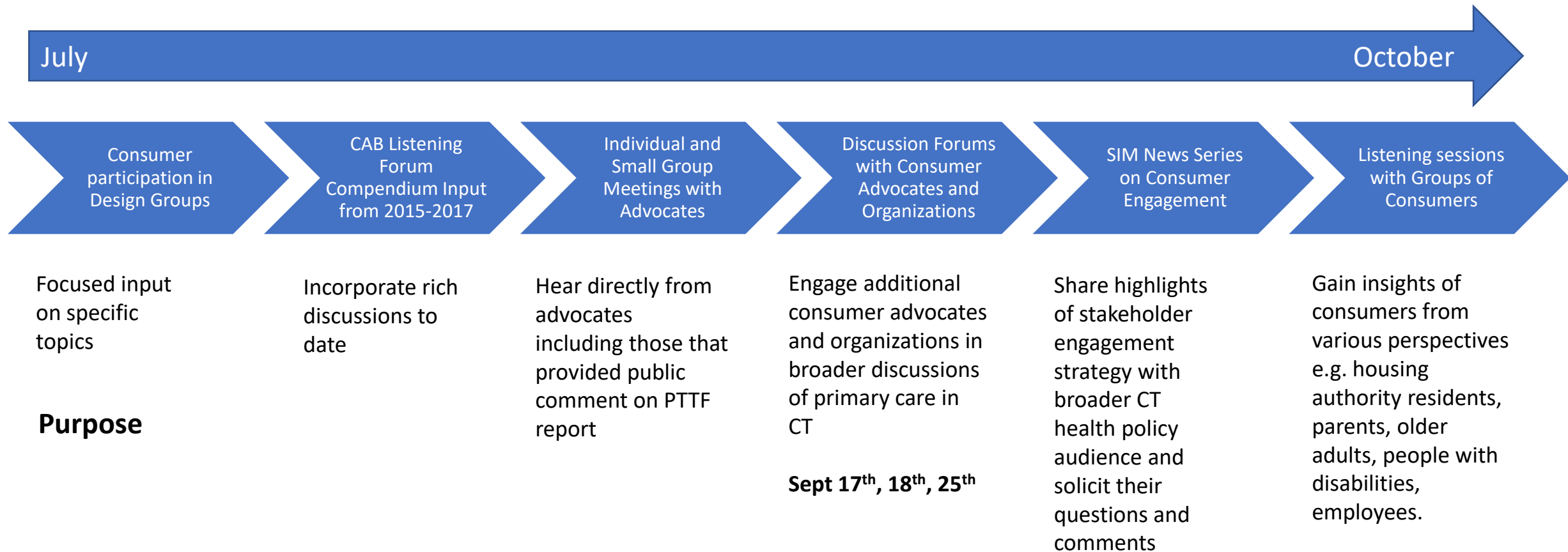
# Stakeholder Engagement Progress



# Consumer Engagement Strategies

*Developed with Advice from Consumer Advisory Board*

## Timing



# Report to the Legislature on CHW Certification



# Public Act 18-91, Section 63 (Previously Public Act 17-74)

The director of the state innovation model initiative program management office shall, within available resources and in consultation with the Community Health Worker Advisory Committee established by such office and the Commissioner of Public Health, study the **feasibility of creating a certification program** for community health workers.

- Such study shall examine the **fiscal impact of implementing such a certification program** and include recommendations for **(1) requirements for certification** and renewal of certification of community health workers, including any training, experience or continuing education requirements,
- **(2) methods for administering a certification program**, including a certification application, a standardized assessment of experience, knowledge and skills, and an electronic registry, and
- **(3) requirements for recognizing training program curricula** that are sufficient to satisfy the requirements of certification.

# Why Certification?

- Clarify and standardize CHW roles and skills
- Standardize training and experience requirements to assist employers in hiring
- Foster respect for the CHW workforce and improve the personal and professional value of the workforce
- Protect the CHW workforce and the public
- Increase opportunities for sustainable reimbursement methods
- Improve salaries and create more job opportunities

# How SIM promotes CHWs

- SIM initiatives promote the use of CHWs through:
- Care coordination add-on payments for FQHCs participating in the Medicaid Shared Savings program, Person-Centered Medical Home Plus (PCMH+)
- Up-front funding for CHWs in primary care settings for healthcare organizations participating in PCMH+ (CCIP)
- Technical assistance to support the integration of CHWs into primary care teams (CCIP)
- Funding and technical assistance to community based organizations and accountable healthcare organizations to establish formal partnerships for CHW-led diabetes self-management and education programs (PSI)

# CHW Advisory Committee Design Group Strategy

<b>Group 1 Certification Requirements</b>	<b>Group 2 Methods &amp; Administration of Certification Program</b>	<b>Group 3 Training Curricula</b>
Required Work Experience	Certifying Entity	Core Competencies
Background Check Requirements	Certification Board structure	Training Components
Professional/Personal Recommendations	Responsible Entity for Reviewing Applications	Required Number of Training Hours
Process for Grandfathering/Grandparenting	Application Process	Internship Criteria
Length of Certification before renewal	Eligibility for Certification	Assessment Type needed to assess proficiency
Required Continuing Education for Renewal	Registry Requirements	Training Vendor Criteria
Additional requirements for Renewal	Fiscal Implications of Establishing Certification	Instructor Qualifications
Reciprocity based on Certification in other states		Preferred training modality/ standards for instructional methods

Group 1: Certification Requirements	Group 2: Methods & Administration of Certification Program	Group 3: Training Curricula
Lead Facilitator: Katharine London, UMass Medical School	Lead Facilitator: Jenna Lupi, Office of Health Strategy-SIM	Lead Facilitators: Meredith Ferraro & Maggie Litwin, SWAHEC
Thomas Buckley UConn School of Pharmacy	Chris Andresen Department of Public Health	Ashika Brinkley Goodwin College
Juan Carmona (CHW) Project Access New Haven	Migdalia Belliveau Health Educator	Michael Corjulo Children’s Medical Group
Darcey Cobbs-Lomax Project Access New Haven	Giselle Carlotta-McDonald Project Access New Haven	Grace Damio Hispanic Health Council
Randy Domina Department of Public Health	Tiffany Donelson Connecticut Health Foundation	Liza Estevez (CHW) Northeast Medical Group
Maria Millan (CHW) CHW Association of CT	Loretta Lloyd-Ebron (CHW), Housatonic Community College, CHW Association of CT	Linda Guzzo Capitol Community College
Terry Nowakowski Partnership for Strong Communities	Dr. Bruce Gould UConn AHEC	Erika Lynch Gateway Community College
Lori Pasqualini Ability Beyond	Nina Holmes Department of Social Services	Fernando Morales SWAHEC
Elena Padin (CHW) CHW Association of CT	Keturah Kinch Wheeler Clinic	Chioma Ogazi Department of Public Health
Milagrosa Seguinot (CHW) CHW Association of CT	Dana Robinson-Rush Department of Social Services	Milagrosa Seguinot (CHW) CHW Association of CT
Mayce Torres (CHW)	Lauren Rosato, Planned Parenthood of Southern New England	Cecil Tengtenga City of Hartford

# Public Comment Received from:

Health Equity Solutions

Community Health & Wellness Center of  
Greater Torrington

Planned Parenthood of Southern New  
England

Thomas Buckley, Associate Professor at  
UConn School of Pharmacy

Josh Wang, Yale MBA Candidate

Hartford Health & Human Services, Project  
ACCESS

Charter Oak Health Center

Connecticut Voices for Children

Elderly Hispanic Program

Connecticut Department of Public Health

Miligrosa Seguinot, CHW

Connecticut Health Foundation

Community Health Workers Association of  
Connecticut

Universal Health Care Foundation

Adriana Rojas

Jacqueline Ortiz Miller, Previous CHW

Supriyo Chatterjee

Comments received August 8 CHW webinar-  
included approximately 50 participants

# CHW Advisory Committee Recommendations

*Requirements for certification and renewal of certification of community health workers, including any training, experience or continuing education requirements:*

**Recommendation 1:** Connecticut should establish two ongoing paths to certification: one path with training and one without training. The two paths will serve individuals currently working in a CHW capacity and those that are interested in starting their careers as CHWs.

# CHW Advisory Committee Recommendations

**Recommendation 1a:** To be considered for one of the two CHW Certification paths, applicants should meet the following requirements:

Requirements	Path 1	Path 2
<b>Training</b>	90 hour training & 50 hour internship (minimum)	None
<b>Experience*</b>	1,000 hours in past 3 years	2,000 hours as paid/unpaid CHW in past 5 years
<b>Portfolio</b>	Optional: A portfolio including 3 of the 8 items on Rhode Island's list	Required: A resume documenting years of experience, and A portfolio including 3 of the 7 other items on Rhode Island's list



# CHW Advisory Committee Recommendations

**Recommendation 2:** To be eligible to apply for CHW Certification, applicants should be at least 16 years of age. There should be no additional eligibility requirements.

# CHW Advisory Committee Recommendations

## Recommendation 3:

- A Supervisory reference and a Community reference should be required for all prospective CHWs seeking certification:
- **Supervisory reference:** At least one supervisor, who has experience supervising Community Health Workers (or other staff titles who perform CHW Roles), must attest that the applicant has the required paid or volunteer hours performing at least five CHW Roles and demonstrated proficiency in at least four CHW skills (not including Skill #11 knowledge base.) This reference can be made by a supervisor from an internship, volunteer, or paid work experience. See [Appendix B](#) for full list of CHW Roles and Skills.
- **Community reference:** At least one member of the community, who has known the applicant for at least one year, must attest that the applicant has “an in-depth understanding of the experience, language, culture and socioeconomic needs of the community.” Community references are often provided by staff of partner organizations, fellow volunteers for a charity, community leaders, clients, friends or neighbors.
- A Supervisory or Community reference may not be provided by an immediate family member (including parents, spouses, children, or siblings), any person sharing the same household, or any person who is now or ever has been in a romantic or domestic relationship with the applicant.
- See [Appendix C](#) for Draft Supervisor and [Appendix D](#) for Draft Community Reference Forms.

# CHW Advisory Committee Recommendations

**Recommendation 4:** Reciprocity should not be established with other states; applicants from other states could apply through one of the two paths to certification.

**Recommendation 5:** Certification should be issued for three years and for renewal, applicants should be required to attest to the completion of 30 hours of continuing education requirements (CERs) including two hours focused on cultural competency or systemic racism/oppression and two hours focused on social determinants of health. The Certifying Entity should not routinely require applicants to produce evidence of completion but could request such documentation.

**Recommendation 6:** Conferences, webinars, workshops, seminars, trainings, presentations and self-studies should count toward continuing education hours and be tracked on a designated tracking sheet.

# CHW Advisory Committee Recommendations

**Recommendation 7:** Applicants for CHW certification should commit to abide by a CHW Code of Ethics. The following infrastructure should be established to implement this recommendation:

- The Advisory Body should review and approve a Standard of Conduct based on those developed in other states.
- In response to an alleged Code of Ethics violation, DPH should follow its established investigation, adjudication, and disciplinary proceedings. The Advisory Body should be informed of such complaints and remediation efforts.

# CHW Advisory Committee Recommendations

*Methods for administering a certification program, including a certification application, a standardized assessment of experience, knowledge and skills, and an electronic registry:*

**Recommendation 8:** The Department of Public Health (DPH) should serve as the CHW Certifying Entity. The Department of Public Health should be responsible for the administrative tasks related to certification including reviewing applications, verifying that requirements have been met, issuing certificates, and maintaining a CHW registry like those maintained for other professionals that are searchable by name and region.

**Recommendation 8a:** To the extent possible, the Committee recommends that the certification and recertification fees be as nominal as possible in order to reduce barriers for the CHW workforce. Additionally, if there are opportunities to waive fees due to financial burden, the Committee recommends doing so. To help offset these costs, outside funding should be allowed to support the start-up costs for CHW Certification.

# CHW Advisory Committee Recommendations

**Recommendation 9:** A separate Advisory Body should be established to inform the full development of Certification Standards. The Advisory Body should have a more prominent role in the initial development of the Certification Program, and should meet less often thereafter to assess the need to adjust the Certification Standards and to weigh in on critical questions as identified by the Certifying Entity.

- The **four key objectives** of the Advisory Body should be to:
- Review certification criteria, processes and policies developed by the Certifying Entity
- Respond to questions from the Certifying Entity on individual certification requests, as needed via a standard process for assessing and responding to such questions
- Issue annual recommendations for needed adjustments to the certification criteria based on national trends
- Review and approve CHW training vendors

# CHW Advisory Committee Recommendations

**Recommendation 10:** The Advisory Body should include: 6 CHWS; 1 CHW Association of CT representative; 1 Community-Based CHW training organization representative; 1 Community College representative; 1 Community-Based CHW employer; 1 Healthcare organization CHW employer; and 1 Health Care Provider with direct CHW experience.

**Recommendation 10a:** The Advisory Body representatives should be selected through a neutral appointment process, to be determined by the SIM CHW Advisory Committee. The CHW Association of CT should serve as the administrative lead for the Advisory Body, including such activities as scheduling meetings and coordinating recommendations.\*

*\*The Office of Health Strategy may consider providing support to the CHW Association of CT to serve in this capacity.*

# CHW Advisory Committee Recommendations

**Recommendation 10b:** The Advisory Body should include non-voting members in the Advisory Body process for special engagements, including DSS, DMHAS, and commercial payers.

**Recommendation 10c:** To promote a fair process, the Community-Based CHW training organization and Community College representatives should not participate in the assessment of training programs.



# CHW Advisory Committee Recommendations

**Recommendation 11:** The application process for Certification should not create unnecessary barriers. Unless otherwise required by Agency policy, DPH should accept copies of application materials and should not require notarization. To the extent possible, applications should be accepted via email, online, or regular mail.

# CHW Advisory Committee Recommendations

*Requirements for recognizing training program curricula that are sufficient to satisfy the requirements of certification:*

**Recommendation 12:** The content of training CHWs should consist of the core skills and services utilizing the Community Health Worker Consensus Project (C3) Core Competencies.

**Recommendation 13:** Training programs should include 90 hours of training and an internship with a minimum of 50 hours.

**Recommendation 14:** Training modality and methodology should follow Adult Learning Principles, include role-playing, and be interactive.

**Recommendation 15:** Training should be delivered in-person or utilize a hybrid approach that includes in-person sessions and distance learning in “real-time.” Online training alone should not meet the requirements of certification. At least 40% of the hours of instruction should be taught or co-taught by faculty who are Community Health Workers.

# CHW Advisory Committee Recommendations

**Recommendation 16:** Instructors for CHW training should be inclusive of CHWs with experience in the field, as well as non-CHWs who meet the requirements of the training vendor. Instructors should demonstrate past experience training individuals who provide community health work services, including, but not limited to: Promotores, CHWs, or other health care professionals and paraprofessionals in the previous six years. They should have the knowledge, skills and competence to effectively teach a CHW Core Competency curriculum.

- Instructors who are not CHWs should provide a resume to demonstrate their experience training in the past six years. Other requirements may additionally be defined by the training vendor (i.e. educational background).
- Instructors who are CHWs should have at least three years of experience working full-time as a CHW, proof of completion of a CHW Core Competency Training, and knowledge of group facilitation.

# CHW Advisory Committee Recommendations

**Recommendation 17:** Assessments of successful training completion should utilize (1) pre- and post-tests, (2) skills assessment, and (3) include a capstone project or portfolio, or a combination of the two.

**Recommendation 18:** The CHW Certification Advisory Body should review and approve CHW training vendors.

# Projected Costs of CHW Certification in CT

	Department of Public Health	CHW Association	Third Party
Projected Cost to the State	~\$25,000 annually for half time staff member within DPH	Substantial upfront investments to develop entire infrastructure- likely higher than other options	~\$10,000 first year, \$7,500 annually
Estimated Applicant Fees	~\$100	As determined by the Association to cover setup costs	~\$100-\$200
Committee Perspective on Cost	Most reliable source of funding once established in statute	Costs are largely unknown due to lack of existing infrastructure	Relies on unreliable sources of funding (fundraising, etc.)

# Projected Cost Implications for CHW Certification in Connecticut

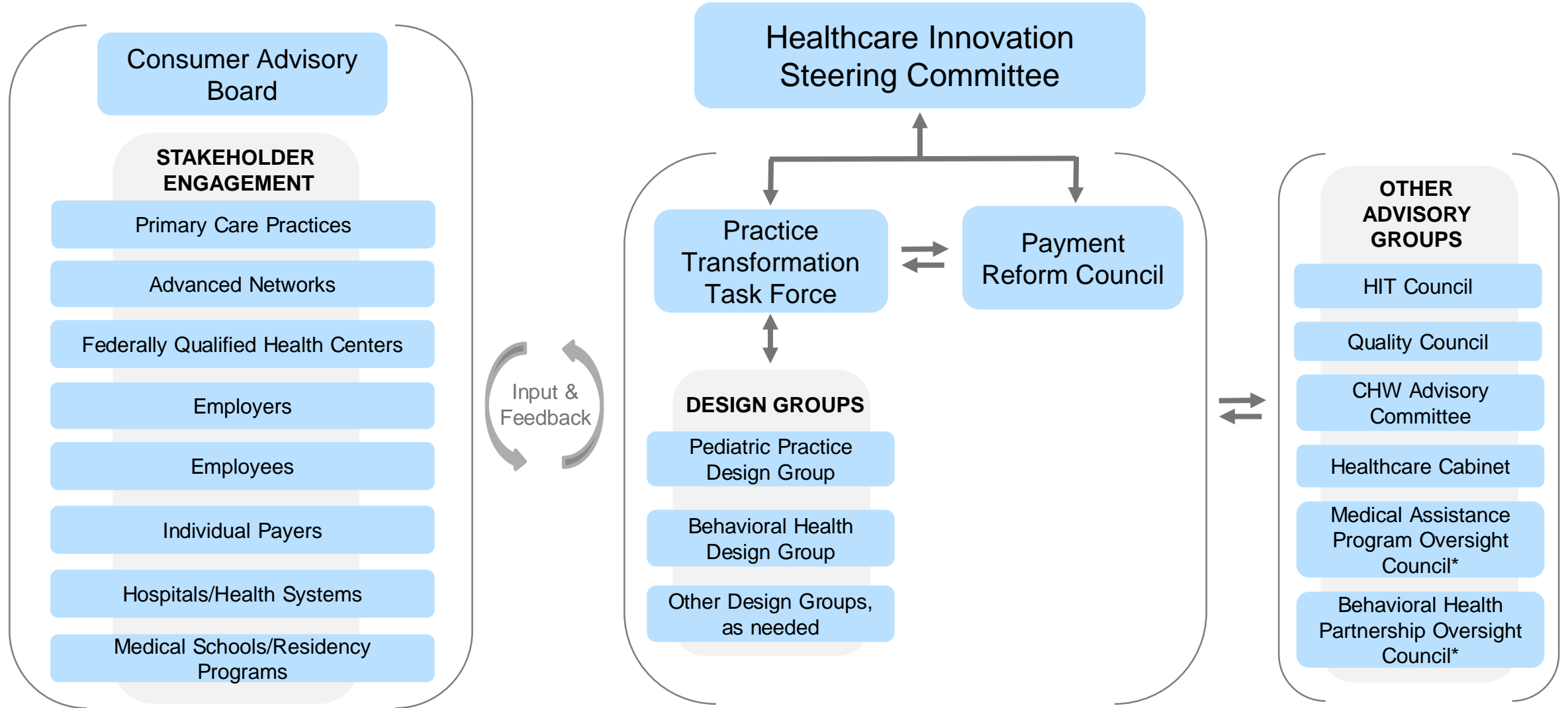
Example state	Total number certified	Certification Fee	Est. total collected for initial certifications	State pop. (millions)	Equivalent number certified for CT pop. size	Equivalent collections for CT population size
<b>CT</b>				3.59		
<b>MA</b>	-	\$35	-	6.86	-	\$0
<b>FL</b>	588	\$115	\$67,620	20.98	101	\$11,564
<b>TX</b>	4500	\$0	\$0	28.30	571	\$0
<b>NM</b>	206	\$45	\$9,270	2.09	354	\$15,929
<b>RI</b>	217	\$125	\$27,125	1.06	735	\$91,816
<b>Average across states</b>	1,378	\$64	\$26,004	10.48	440	\$29,827

# Adjourn

# Appendix- Payment Reform Council Background



# Primary Care Modernization Advisory Process

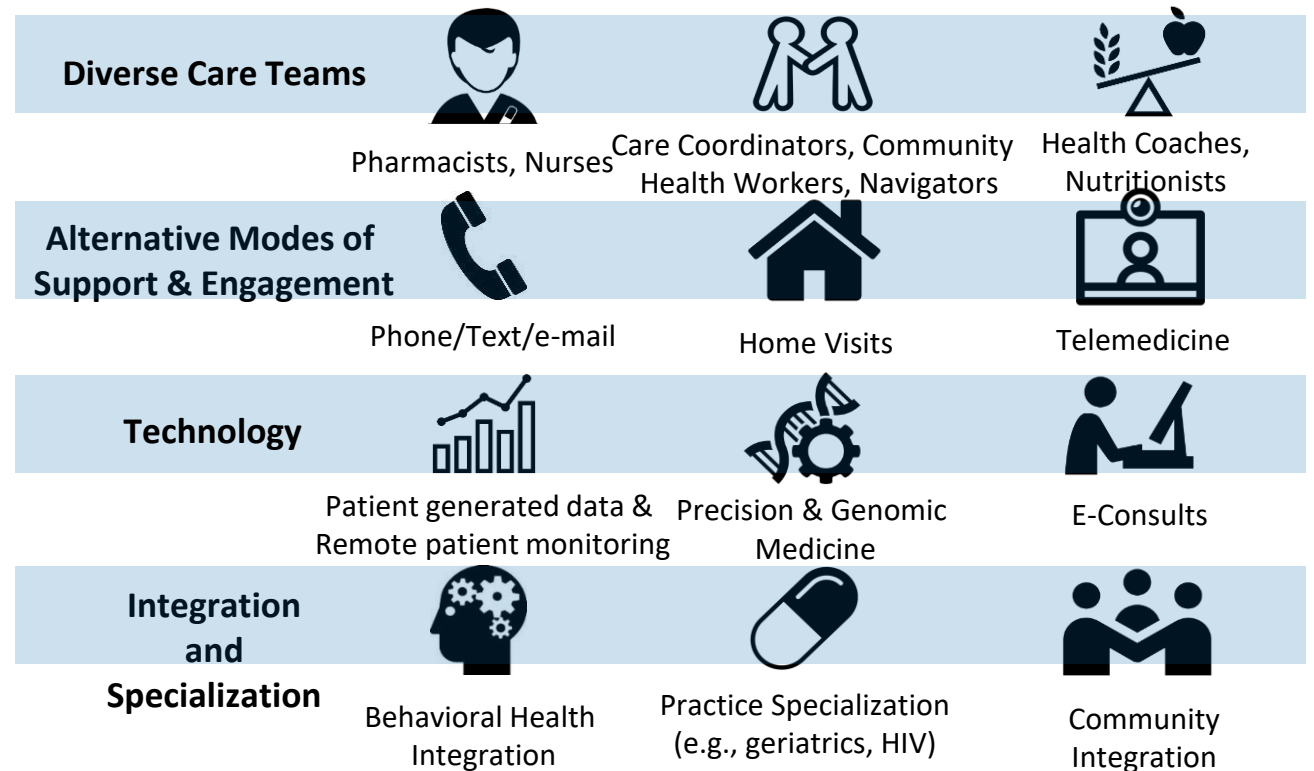


\*Pending DSS initiated collaboration agreement

July 2018 – December 2018

# Primary Care Modernization: Payment Reform Council

Goal: Develop payment model options that increase flexibility to make primary care more convenient, community-based and responsive to the needs of patients.



# Workplan/Topics

- Meet four times between September and November
- Develop approach to payment components such as:
  - Bundle components
  - Minimum alignment requirements for non-MSSP practices
  - Considerations for FQHCs
  - Methods for identifying and addressing under-service and patient selection

