

## Community Health Worker Task Force Regular Meeting

Monday, October 21, 2024

1:00-2:30 p.m., CST

Call to Order

### Members in Attendance

Mandy Dendy – Medical Services Division

Rebecca Quinn – UND School of Medicine and Health Sciences Center for Rural Health

Shannon Bacon – Federally Qualified Health Centers (FQHC)

Melissa Reardon – NDSU School of Public Health

Jo Lynn Rising Sun – Hospital Association Representative

### Absent:

Tyler Kientopf – EMS Representative

Chris Price – Public Health Division

Tribal Representative – No Current Appointee

Facilitator: Brian Barrett, APT, Inc.

There were many members of the public in attendance with expertise in community health work and community health representative work.

### I. Review of Medicaid Draft prepared by Mandy Dendy

- Eligibility
  - It was questioned if the draft could state “tobacco or nicotine” instead of “tobacco use”
    - Mandy advised she needs to cross-check some information and investigate.
  - It was questioned if language concerning tobacco use, excessive alcohol use and drug misuse are examples and not an all-inclusive list?
    - Mandy confirmed this is not an all-inclusive list.
- Referring Providers
  - It was questioned if pharmacists can serve as CHW supervisors?

- Mandy explained the role of the physician or licensed practitioner of the healing arts is to identify the need and refer a CHW. Mandy will investigate this further.
  - There was a question with the physician being the CHW supervisor or someone from the agency being the supervisor?
    - Mandy explained that the Medicaid draft language is for Medicaid policy only. Medicaid language regarding “supervisor” is centering around the person overseeing the care being delivered. Medicaid does not determine how an agency is structured regarding CHW programs and who will supervise the CHWs but policy requirements will need to be satisfied.
  - It was suggested that a “definition section” be placed on top of the draft
  - Would an LBSW or LMSW be considered a licensed provider or fall under the practitioner of the healing arts definition from CMS?
    - Mandy advised that each state defines who “other licensed practitioners” are and this is done through the state plan. Medicaid does not determine LBSWs and LMSWs to be independent practitioners for the purposes listed in the draft. The practitioners listed in the draft are deemed to be “other licensed practitioners” who can refer because they are independent practitioners which is determined from the scope of practice and their scope of practices allows them to make referrals. Mandy will look into this question further.
- CHW Supervisors
  - Mandy will investigate if pharmacists can be CHW supervisors
- Service Plan
  - It was questioned if is a certain time frame when the 12 units would happen (e.g., gap of a year in between)?
    - Mandy advised that it might be related to a particular referral. The referral has the duration of service. Although Mandy will investigate further, she does not think it is limited (e.g., not limited to 1 year).
  - It was questioned if the “service plan requirement” needs to be finalized prior to CHW services being rendered? If so, is there a holdover before being able to start 12 units? Could this be clarified prior to CHW Services being rendered after 12 units?
    - Mandy advised that, if it indicates a service plan is required, it is required to be finalized prior to those services being rendered.
    - Mandy will add language stating the CHW can participate in developing the service plan with the identified care team.
  - It was questioned who develops the plan once a referral is made by a physician? Can CHW’s develop the plan?
    - Mandy explained that Medicaid requires that the service plan be overseen by a provider who determines what services are necessary. There is a

requirement under federal and state law to ensure services are medically necessary.

- The word “developed” was questioned as it relates to language centering around the services plan because it indicates “service plans and any changes must be developed and reviewed by the physician or licensed practitioner”. It was suggested that this language be replaced with “service plan must be reviewed and approved by the referring provider”
  - Mandy will take this information and see if she can make this change.
- Non-Covered services
  - Transporting the members: Based on the rural and frontier geography, can the CHW bill during transport time if providing education related to the service plan during the transport?
    - Mandy advised that it is her understanding that billing needs to occur for one service during a 15- or 30-minute time. Mandy indicated CHWs cannot call it 2 different services for the same duration. CHW’s will need to bill it as transportation (i.e., non-emergency medical transportation services) or bill it as CHW services during that time. Mandy will double check on this.
  - Delivery of food, medication, medical equipment or medical supply: Is this a CMS requirement or a state decision?
    - Mandy advised that non-covered service decisions are made by state Medicaid programs. She can take this back and review it. It’s not a not a CMS requirement. CMS does not have any requirements regarding CHWs. However, they have requirements under preventative services.
  - 1915(i): Discussion was related to people who may not be able to access services through 1915(i) even though they are eligible. Eligibility is not a bar to CHW services, but the services of a CHW cannot duplicate the services in 1915(i). All 1915(i) members receive care coordination and so there may be situations where CHW services are appropriate and there may be situations where they would be non-covered as duplicative.
- Mandy will attempt to provide all the necessary information by November 8<sup>th</sup> for the Task Force’s review. Brian will forward this information to the Task Force once received.
  - The Task Force plans to vote on this draft during the November 18<sup>th</sup> regular meeting.

## II. Certification and Regulation

- The Task Force initially began reviewing the rough draft prepared by Chris Price but decided to table the conversation due to there being only 15 minutes left in the meeting. Brian will share the draft administrative rules once he receives permission from Chris Price to do so.
  - The Task Force will hold a Special Meeting on November 4<sup>th</sup> to review and discuss this draft.
  - The Task Force plans to vote on this draft during the November 18<sup>th</sup> regular meeting.

### III. Collaborative

- Rebecca provided an update regarding her conversation with Anne Ganey from the Minnesota Community Health Worker Alliance.
- Rebecca, Shannon and Melissa will begin working on the Collaborative Draft in the SharePoint.
  - The Task Force will review this information during the Regular meeting on November 18<sup>th</sup> and vote on it being in draft form.

Adjourn

2:45pm CST

Date Posted: 10/25/24

Date Revised: