

Meeting Minutes

Community Health Worker Task Force

Monday November 18, 2024

Call to Order

Members in Attendance

Mandy Dendy – Medical Services Division

Melissa Reardon – NDSU State University School of Public Health

Chris Price – Public Health Division

Jo Lynn Rising Sun – Hospital Association Representative

Tyler Kientopf – EMS Representative

Absent:

Tribal Representative – no current appointee

Shannon Bacon – Federally Qualified Health Centers (FQHC)

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

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.

Medicaid Draft Discussion: The Task Force began with Mandy Dendy responding to the feedback from the October 21st 2024, CHW Task Force meeting.

- During the October 21st meeting, Mandy was asked if nicotine use could be added in addition to Tobacco as a risk factor. She advised the Task Force that this has been added.
- Mandy advised that Community Health Workers (CHWs) will be identified as potential members of the care team that creates a member's service plan.
- The language about who writes the services plan was changed and now indicates that practitioners must either write or review and approve the service plan.

- Mandy advised that there is now clarifying language indicating that a service plan is only required when exceeding 12 units related to one CHW referral.
- Pharmacists were added to the list of overseeing practitioners for CHW services and clarified that the list of supervisors are not necessarily direct CHW supervisors, although they could be.
- Mandy reviewed feedback asking for transportation of a member to be a billable service. This will not be a billable service because it can be billed through non-emergency medical transportation service.
- Mandy reviewed feedback requesting the delivery of food, medication, medical equipment, or medical supplies. Although this was considered, Mandy advised that these services are similar to those of a Quality Service Provider (QSP). By adding this, it would be inconsistent with the CHW's goal of helping someone overcome their own barriers and independently handling their healthcare and related needs.
- Mandy explained that Licensed Master Social Workers (LMSWs) or Licensed Baccalaureate Social Workers (LBSWs) will not be listed as referring providers for CHW services because they are not considered independent practitioners within ND Medicaid.
- Licensed Clinical Social Workers are listed as referring.
- Mandy advised that a 4 unit (or 2 hour) daily limit for CHW services per member will be implemented. Mandy explained that this data can be re-evaluated if needed.
- Mandy reviewed information pertaining to CHWs and payment for encounter-based providers. ND Medicaid anticipates paying CHW's outside of the encounter rate for Federally Qualified Health Centers (FQHCs), tribal health programs and for Indian Health Service.
 - Tyler Kientopf made the motion to accept the Medicaid proposal, with revisions described by Mandy, as a "draft".
 - Jo Lynn Rising Sun seconded the motion
 - Roll Call Vote:
 Mandy Dendy: Aye
 Chris Price: Aye
 Jolyn Rising Sun: Aye
 Tyler Kientopf: Aye
 Melissa Reardon: Did not respond

Certification and Regulation: The Task Force reviewed the red-lined draft created by Assistant Attorney General Allyson Hicks.

Definitions

- The Task Forces discussed Allyson's recommendation that "chronic condition" be defined. It was suggested that this definition be consistent with that found in the Medicaid draft. It was suggested that Chronic Condition be defined as follows:

- Chronic Condition means: a condition that lasts twelve months or longer and meets and requires ongoing medical attention and/or limits a member's activities of daily living.
- The Task Force agreed to eliminate subsection 6 which defines a Community Health Worker training program. This was eliminated because there is no authority given to the Task Force in HB1028 or HHS in Century Code to regulate training programs.

Scope of Practice

- The Task Force agreed to accept the changes made by Allyson. It was explained that the Scope of Practice is already defined in statute so it cannot be changed.
 - Scope of Practice is defined as follows: A Community Health Worker is a frontline public health worker who is certified by the department to provide preventative services. Preventive Services has a definition in Century Code.

Community Health Worker Training program requirements

- The Task Force eliminated this section based on Allyson advising that the Task Force has no authority to regulate CHW training programs. Instead, the Task Force can only require applicants seeking CHW certification to have specific training. The Task Force agreed to eliminate this section and move the “components and the associated competencies” to the CHW Certification section.

Community Health Worker Certification

- The Task Force revised language that reads as follows: the “Community Health Worker must have training that includes the following components and associated competencies identified.”
- The Task Force moved the identified components and associated competencies (see below) originally listed under “training program requirements” to this section
 - Understanding the scope of practice
 - How to find local health systems and resources
 - Coaching, reinforcing health education
 - Mandatory reporting, conflict of interest, and ethical practice
 - Working with a care team and under a care plan, service documentation
 - Motivational interviewing, active listening, trauma informed care, knowledge of cultural practices in the community
 - Health promotion and disease prevention
- The Task Force eliminated language that dictates authority to regulate instructors of the training program(s).
- The Task Force eliminated language regarding the requirement for current or pending employment.

Reciprocity

- The Task Force accepted the language prepared by AAG Allyson Hicks relating to reciprocity.

Recertification

- The Task Force reviewed Allyson's suggestion regarding subsection 3 which pertains to newly certified CHWs and recertification. The Task Force agreed to change the language to "the applicant who has been certified by the department as a CHW less than 6 months is not required to recertify."
- The Task Force reviewed Allyson's suggestion regarding subsection 4 and agreed to insert "department-approved" for continuing education credits.
- The Task Force reviewed Allyson's suggestion about adding language pertaining to continuing education being virtual or in-person. The Task Force agreed that it is acceptable to include language that continuing education can be virtual or in-person.

Denial for application or recertification

- The Task Force reviewed Allyson's suggestion regarding the language in subsection 1 which indicates "the Department may deny an application for the issuance of a certification or recertification made by an applicant. According to Allyson, using the word "may" makes this "discretionary" then the Task Force will need to develop an appeals process. The Task Force agreed to change "may" to "shall". By using the word "shall", an applicant can re-apply and fix the error.
- The Task Force eliminated the word "board" in subsection C.

Registry Information

- The Task Force agreed to remove this section based on Allyson's suggestion.

Disclosure of Information

- The Task Force agreed to eliminate this section based on Allyson advising that language conflicts with laws pertaining to Open Records.

Complaint Investigations

- The Task Force agreed to eliminate this section based on Allyson's recommendation that it be removed and addressed in the disciplinary action section.

Disciplinary Actions

- The Task Force reviewed the subsection f and agreed to change the word "practice" to "operate".
- The Task Force reviewed subsection 2 and agreed that the language specify a "qualifier" such as an approved complaint form.
- The Task Force agreed to eliminate the word "board" in subsection 6 and change it to the "department".

Collaborative

- The Task Force reviewed the Collaborative draft by Rebecca Quinn and no changes were suggested.
- The Task Force invited the public to share feedback regarding the draft.
 - The purpose of the Collaborative was questioned. Representative Dobervich provided insight regarding how and why this was “written” into the legislation. She explained that it was not originally in the bill but was added in due to a desire to have a collaborative similar to South Dakota’s.

Scheduling Discussion

- The Task Force discussed future meetings dates and requested that Brian contact other members of the Task Force to see if they can meet from 10am to 10:30am on November 27th.
 - During this meeting, the Task Force will vote on both the certification/regulation draft and the collaborative draft. Members of the Task Force stressed the importance of being prepared for this meeting by offering corrective language if changes are suggested.
- The Public Comment meeting will be on December 2nd, 2024.
- The Task Force stressed the importance of being prepared for the December 16th meeting and know what changes should or should not be implemented. It was suggested that this be a 2-hour meeting. The December 16th meeting minutes will act as the written response to each public comment/suggestion.

Assignments

- Brian will send an email to the Task Force about the November 27th meeting and determine if there will be a quorum.
- Brian will include the Certification/Regulation draft, Collaborative draft, and amended Medicaid draft when the meeting minutes are sent to Task Force members and posted on the CHW Task Force website.

Adjourn 2:29pm CST

Date Posted: November 21, 2024