

Community Health Worker Task Force Regular Meeting

Monday, December 16, 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

Melissa Reardon – NDSU School of Public Health

Jo Lynn Rising Sun – Hospital Association Representative

Tyler Kientopf – EMS Representative

Chris Price – Public Health Division

Absent:

Tribal Representative – No Current Appointee

Shannon Bacon – Federally Qualified Health Centers (FQHC)

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. Certification and Regulation Draft review

- Section 33-XXX-01-03 Community Health Worker Competencies
 - Rebecca Quinn suggested revising the first sentence, so it reads as follows:
 - A community health worker or community health representative must have competencies in the following areas.
- Section 33-XXX-01-04 Community Health Worker Certification
 - The Task Force discussed subsection 8 regarding internship hours. It was decided to keep the language specifying 200 hours.
 - The Task Force discussed the current language:
 - “Community Health Worker students may function within the scope of practice for community health worker while in class and during the internship while under direct supervision of an instructor or other appropriate individual.”

- Mandy emphasized that it is unknown if Medicaid will pay for CHW interns.
 - Mandy advised that Medicaid will not pay for CHW interns if they are not supervised by a certified CHW.
 - Chris Price suggested the following language:
 - Community health worker students may function within the scope of practice for a community health worker while in class and during the internship while under direct supervision of an instructor or community health worker.
 - This was supported by all Task Force members.
- Mandy suggested separating the application language and making an additional section because it currently combines training with the application process. Mandy proposed changing section 05 to the “Application for Certification” section so it reads as follows:
 - Section 33-XXX-01-05 Application for Certification

An applicant for community health worker certification shall file an application on forms provided by the department showing to the department’s satisfaction that the applicant has satisfied all the requirements of N.D.C.C chapter 43-66 and these administrative rules including:

 1. The applicant has submitted the required initial certification fee
 2. The application must be accompanied by the documents, affidavits, and certificates necessary to establish that the applicant has satisfied the requirements of this section.
 - Section 33-XXX-01-07 Student and Intern Supervision

Students and interns may function within a community health worker scope of practice while directly supervised by a qualified supervisor.

 1. Qualified supervisors must be one of the following:
 - a. A licensed community health worker in good standing with the department; or
 - b. A community health worker training program instructor.
- Section 33-XXX-01-02 Scope of Practice
 - Melissa Reardon requested that the Task Force review this section to be sure it does not present a conflict with Community Health Representatives (CHRs) being able to perform their current job duties. The Task Force reviewed the language and did not feel it creates a barrier for CHRs.
- Jo Lynn Rising Sun made the motion to accept the revisions and accept the Certification/Regulation as a draft so it can be forwarded to the Department of Health and Human Services.
 - Tyler Kientopf seconded the motion.
 - Vote: All Aye

II. Medicaid Draft Review

Mandy Dendy presented a “revised” Medicaid draft (based on the public comment meeting on December 2nd 2024) and reviewed the sections below with the Task Force

- Eligibility Criteria
 - Mandy added language addressing a “timeframe” so it reads as follows:
 - Is at risk for developing at least one chronic condition and is unable to self-manage the condition based on one or more of the below occurring **within the last year**. (emphasis is new language)
 - The Task Force agreed with this change.
- Z Code recommendation
 - Mandy advised that requiring or using Z Codes to document health related social needs or social determinants of health for the qualifying criteria will be reviewed from a Medicaid policy perspective.
- Referring Providers for CHW services
 - Mandy advised that CHW services will be located in the Preventive Services section of the ND Medicaid State Plan and per federal requirements must have a “referring provider” listed on the service claim. Provider types listed in this section are those that may be listed as “referring providers” on ND Medicaid claims.
- Service Plan Requirement
 - Mandy advised that there is no need for a service plan until 12 units are reached. At this point, a service plan needs to be developed.
 - Mandy advised that these are 30-minute units.
- CPT Codes
 - These codes were researched, and most state Medicaid programs use 3 codes (see below) which fit appropriately with the type of services that a CHW performs.
 - 98960
 - Description: Self-management education and training, face to face, 30 minutes
 - Number of patients: 1
 - 98961
 - Description: Self-management education and training, face to face, 30 minutes
 - Number of patients: 2-4

- 98962
 - Description: Self-management education and training, face to face, 30 minutes
 - Number of patients: 5-8
- Daily limit set at 4 units or 2 hours.
 - The proposed policy limit is not changed, though utilization data will be reviewed in the future.
- Encounter Rate
 - Mandy advised that Medicaid is planning to pay CHW services outside the encounter rate. She explained that this is not final until the state plan amendment is approved by the Centers for Medicaid and Medicaid Services.
- Covered Services
 - Mandy explained that Medicaid policy will have additional detail centering around health system navigation, health promotion and coaching, health education and training. This will be consistent with CHW coverage across the nation as well as CHW training programs.
- Non-covered services
 - The list of non-covered services pertains to those not paid by Medicaid. This list does not prohibit CHW's from performing these services. The CHW scope of practice can be much broader than what is covered by Medicaid.
 - Services identified in this list are those paid to other providers, or are services that are simply not covered.
 - Transporting a member will not be a covered CHW service because there is coverage under different types of services for non-emergency/non-medical transportation.
- Telehealth & Settings
 - Mandy elaborated on the language stating "not allowed in facility-based settings with rates or carceral settings". She explained that this will be changed to be more specific which will include nursing homes, intermediate care facilities or where a "facility rate" is billed. This language is not meant to include a clinic where a CHW might be working.
- Rebecca Quinn made the motion to approve the Medicaid draft recommendations with the most recent revisions.
 - Chris Price seconded the motion

Vote: All Aye

III. Collaborative Draft Review

- The Task Force reviewed the Collaborative draft and did not make any revisions from the prior version.
 - Rebecca Quinn made the motion to approve the Task Force's recommendations regarding the Collaborative Draft.
 - Melissa Reardon seconded the motion
 - Vote:
 - Mandy Dendy: Abstain
 - Chris Price: Abstain
 - Melissa Reardon: Aye
 - Rebecca Quinn: Aye
 - Jo Lynn Rising Sun: Aye
 - Tyler Kientopf: Aye
 - Motion passes 4-0 with 2 abstaining

Adjourn

2:07pm CST

Date Posted: 12/23/2024

Date Revised: