

## Community Health Worker Task Force Regular Meeting Monday, May 20, 2024

Call to Order

### Members in Attendance

Mandy Dendy - Medical Services Division

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

Tyler Kientopf – EMS Representative

Melissa Reardon - NDSU School of Public Health

Jolynn Rising Sun - Hospital Association Representative

Shannon Bacon - Federally Qualified Health Centers (FQHC)

Chris Price – Public Health Division

Tasha Peltier – Tribal Nations Representative

**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.

Discussion Items:

### I. Training and Education Workgroup Recap

Melissa Reardon updated the Task Force by explaining the training pathways developed on May 2<sup>nd</sup>, 2024. Melissa explained the following:

CHW Training Pathways:

- Training that is 40 or more hours and covers core competencies the Task Force already approved as “draft competencies” with the option to add on to those before finalizing that pathway (allow for changes based on suggestions from CHWs).
- Create an experience pathway to certification. This would need to have an identified minimum number of hours and possibly a requirement that there

is somehow an attestation/showing that the work experience has created competency in all the areas of core competencies, and

- A Community Health Representative (CHR) pathway to accept proof of completion of Indian Health Service (IHS) - CHR training as sufficient for CHW certification.

#### Training/Education Discussion:

Task Force members discussed those to whom the experience pathway would apply. It could apply to CHWs coming from other states or individuals who have been working in a CHW-like capacity here in ND already and wouldn't necessarily need to take the training. Shannon volunteered to outline what an experience pathway could look like and bring this back to the next Task Force meeting.

The Task Force also discussed the idea of listing specific training courses which satisfy the core competencies. This idea presents some challenges because each program seems to have individualized course names so it doesn't look like there is standardization in this area. The conversation concluded with the Task Force agreeing that the best solution would be to create language giving HHS the authority to approve CHW programs deemed appropriate. This pathway would focus on having an applicant provide documentation of a completed CHW program.

All Task Force members seemed to think language focusing on the approval of a CHW program should be adaptable and flexible. Rebecca shared language from the North Dakota Administrative Rules focusing on peer support specialists. According to subsection e. of section 1 in 75-03-43-02 of the Administrative Rules, a "successful completion of a division-approved peer support training program" is required for an applicant to become a peer support specialist. This could be the type of language used for CHW rules.

The Task Force briefly discussed how CHW training will be administered and managed. Members reviewed language in the North Dakota Century Code and concluded the HHS will be the certifying authority. The Task Force was reminded that changing the administrative rules in the future does not require the legislature or a Task Force.

#### CHW Focus Group Update

Brian advised that only two CHWs have responded to the Doodle poll and this is still a work in progress. He encouraged Task Force members to send CHW contact information and he will personally invite them to the focus group. Brian will follow up with suggested CHW contacts to schedule the focus group and information will be available in the near future.

### Public Comment

A CHW advised that she is attending a training program through the University of Nebraska which is worth looking into. She is going to share information with Brian. A member of the public suggested that the experience pathway be structured to require letters of recommendation detailing CHW work experience in addition to a competency exam. The Task Force has looked into whether there is an exam in existence that could be used for this purpose and has not found one. There is no funding through HB 1028 to develop a competency exam.

### Scope of Practice Discussion

Brian began the conversation by explaining that, as the Task Force makes progress, it is important for members to be on the same page regarding the scope of practice. He asked for each members' opinion regarding the proposed language below:

“A frontline public health worker who serves as a liaison, link, or intermediary between health and social service and the community. CHW’s facilitate access to services and improve the quality and cultural competence of service delivery”.

Providing preventive services includes:

- Screening and assessments,
- Prevention and health education, and
- Health system navigation and resource coordination

Community Health Worker services do not include any services which require licensure or training outside what is required for CHW certification.”

Mandy asked if the Task Force is interested in looking at the section addressing the 3 preventative services which are screening/assessments, prevention/health education, and health system navigation/resource coordination? She suggested striking this portion and leaving the rest to broaden the scope after listening to public comment at the listening session and comments from fellow Task Force members.

Tasha indicated that she liked the idea of making it broader. However, expressed concern that if it were to be taken out, would the Task Force be introducing something undesirable in the scope of practice? Tasha questioned the necessity of the sentence “community health worker services do not include any services which require licensure or training outside what is required for CHW certification”. Mandy indicated she thinks this sentence is important because it provides “guardrails” that speak to getting into other professions’ scopes. Shannon advised that her stakeholders (especially those with a nursing background) appreciated this sentence in the scope. Mandy followed up and advised that “this sentence makes it clear that they shouldn’t be doing things outside of what they have been trained to do.”

Task Force members discussed taking out the language about preventive services and the specific listed services. There was concern about taking out preventive. This already exists in Century Code and so some members felt comfortable taking it out.

Tasha suggested replacing the preventative services section with the following taken from the American Public Health Association (APHA):

- Community Health Worker also builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support, and advocacy.

Public Comment:

Members of the public suggested that the Task Force “not reinvent the wheel” and utilize other CHW programs in existence around the state and supported adding the APHA expansion language to the scope.

Final Discussion and Motion

The Task Force discussed whether it was necessary to reference CHW Century Code in the scope of practice. People looking for the legally defined scope would generally know to go to Century Code and Administrative Code, though if there is concern education could be provided on the certification and regulation website when it’s designed.

Tyler Kientopf made the following motion: To remove the “providing preventative services” piece of the scope definition which includes screening/assessment, prevention/health education and health system navigation/resource coordination and replace it with the following paragraph:

“Community Health Worker also builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support, and advocacy”.

Shannon Bacon seconded the motion.

Roll Call Vote

All Task Force Members voted in favor of the motion. Motion passed 8-0

II. Sarah Aker-ND Medicaid Director

Understanding Medicaid in North Dakota

- Sarah discussed the basics of the Medicaid program, its structure, and its role in providing healthcare coverage for low-income families and individuals. She highlighted that Medicaid is a jointly funded program by

the state and federal government, allowing North Dakota to customize its programs to best fit the state's needs while still complying with federal guidelines. Sarah also shared that nearly one in six North Dakotans have had Medicaid or CHIP coverage in any given month, with children being the largest coverage group. She further detailed the various teams and functional areas within the North Dakota Medicaid program.

#### Developing New Medicaid Service Process:

- Sarah detailed the process of developing a new service in Medicaid. She emphasized the importance of considering medical necessity, provider availability, coverage criteria, and fiscal impact. She also highlighted the need for legislative authority, CMS approval, and policy guidance development. Sarah pointed out the significance of external factors, such as training, credentialing, and infrastructure, in ensuring successful implementation. Lastly, she stressed the importance of sustainability, considering alternative funding sources and potential provider turnover. She noted that the Medicaid program does not cover services that are experimental, convenience-based, or duplicate existing services.

#### Community Health Worker Services and Medicaid Reimbursement

- Sarah clarified the scope of services that could be provided by a Certified Health Worker (CHW) and what services are reimbursable through Medicaid. She emphasized that while CHWs can offer a broad range of services, only certain ones, such as health system navigation, health promotion, and coaching, are eligible for Medicaid reimbursement. She also discussed the process of provider enrollment and the importance of considering who will provide and enroll for CHW services. Towards the end of the meeting, it was decided that Sarah would provide more information in the next meeting.

### III. Medicaid Work Group discussion

The following Task Force members volunteered to participate in the Medicaid Work group:

- Melissa Reardon
- Rebecca Quinn
- Shannon Bacon

Brian advised that the entire Task Force can participate in the Medicaid Workgroup. Once the dates/times are selected, he will send the meeting invitation to all Task Force members.

#### IV. June 17<sup>th</sup> CHW Task Force Regular Meeting

Brian explained that he is coordinating an in-person CHW Task Force meeting for June 17<sup>th</sup> at the Bismarck Capitol. This location was selected because of the availability and having the necessary technology for a hybrid meeting.

Brian asked if any member of the Task Force would not be able to attend a 3-4 hour meeting at the Capitol? Shannon Bacon advised that she would not be able to attend. Rebecca Quinn indicated that she would be able to provide transportation for other members in the Eastern part of the state.

Brian stated that he would provide more information about this meeting via email which will include more detail.

#### This meeting ended with the following tasks and agenda items:

- Brian will contact Shelby Floberg, Chastity Dolbec, and Jillian Gould and obtain CHW contact information.
- Brian will contact the Task Force via email about an in-person meeting on June 17<sup>th</sup>.
- Shannon will create an outline for the experienced pathway training option.
- Brian will forward the ND Medicaid presentation to the Task Force.
- Brian will coordinate the Medicaid workgroup meeting.

Adjourn: 2:35pm CST

Date Posted: 5/30/24

Date Revised: