

Community Health Worker Task Force Regular Meeting

Monday, September 16, 2024

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

Meeting Minutes

Call to Order

Members in Attendance

Mandy Dendy – Medical Services Division

Chris Price – Public Health Division

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

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

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.

The Task Force did not have a quorum of members present until approximately 1:15 pm. and so agenda topic II. Medicaid was discussed as the first agenda topic.

I. Community Based Organizations Focus Group discussion

- Shannon led a discussion centering around Community Based Organizations (CBO) being potential candidates for starting CHW programs. Taylor Syvertson with United Way of Cass-Clay Fargo provided an overview of the CBO's role and how having a focus group could be beneficial.
- The Task Force agreed that input from the CBO will be helpful especially when exploring potential resourcing needs for the collaborative. Shannon will connect with Brian via email about putting a focus group together. Melissa will also help with this.

II. Medicaid information presented by Mandy Dendy

- Areas with sufficient feedback to move:
 - Eligibility criteria
 - Referring and supervising providers (i.e., Other Licensed Providers)
 - Enrollment – agency rather than individual.
 - Daily limit of 4 units (2 hours) any combination of individual/group services
 - Those in assisted living facilities would not be eligible for CHW services. Medicaid pays these facilities a set rate that encompasses all services.
 - Mandy presented that a review of other state Medicaid programs showed most states have a 4-unit daily limit. South Dakota utilization data showed that CHWs typically bill 2-3 hours of services per day total. This is a per-member limit which could be exceeded with a service authorization.
 - There was concern that feedback from existing CHWs/CHRs should be obtained regarding billable hours. Feedback was noted. No data has been presented to this point that current CHW-like practitioners would spend over 2 hours of Medicaid-billable activities per member per day.
 - Settings – Community based settings primarily
 - Statement to put in policy: CHW services should primarily occur in the community and not in a doctor's office (i.e., doctor's office vs a provider-based setting)
 - Hour limits will not be set. However, they will be expected to occur within the community.
- Areas with insufficient feedback:
 - Monthly or yearly services limits. No recommendations have been received or data presented to ND Medicaid.
 - Utilization Estimates
 - Feedback requested: How many billable hours, on average, would a CHW spend with a member?
 - What percentage of CHW/CHR caseloads are Medicaid-eligible members?
 - Fiscal Estimate: This can be based on the current number of CHW/CHRs across ND and how many patients they can serve.
 - It was estimated that a CHW/CHR could bill 2-3 hours per day and possibly up to 4 hours per day if there is a large Medicaid-eligible population served (based on information from South Dakota).
 - It was suggested to poll potential providers who will possibly hire CHWs considering this legislation. After some discussion, the Task Force decided to create and distribute a survey.
 - Melissa volunteered to take the lead gathering additional feedback from various stakeholder groups such as the ND Hospital Association.
 - ✓ Verify with Mandy which areas she needs more input
 - ✓ Identify survey tool timeline data collection, reporting
 - ✓ Develop survey questions and review with potential stakeholders
 - ✓ Modify survey questions based on feedback

- ✓ Launch survey, collect and summarize data
 - ✓ Report results
- Plan of Care to be called Service Plan in policy
 - Recommended requirements
 - Required when member needs multiple or continuous CHW services after 12 units (still requires a referral).
 - Review every 6 months to determine if:
 - ✓ Progress is being made and;
 - ✓ CHW services continue to be medically necessary.
 - Finalized prior to CHW services being rendered.
 - Proposed Plan of Care States:
 - How the member's need of CHW services relates directly to 1 or more eligibility criteria.
 - How CHW services will address that need/those needs with both a goal and a specific action to meet the goal.
 - Duration of time CHW services are needed to accomplish the POC goal(s). Plans will be reviewed after 6 months and determined if it should be extended (e.g., extended to a year or 8 months).
 - POCs and any changes must be:
 - ✓ In writing
 - ✓ Developed and reviewed by a physician or licensed practitioner of the healing arts (OLP).
 - Duplicative services or otherwise non-reimbursable services. These are areas Medicaid already pays or they fall outside the CHW scope of service.
 - ✓ Advanced care planning
 - ✓ Chore services
 - ✓ Companion services
 - ✓ Medication management services duplicative of other ND Medicaid covered services
 - ✓ Case management /care coordination, including dental CDT codes D9991, D9992, and D99924
 - ✓ Transporting the member
 - ✓ Services within the scope of a direct support professional (DSP) or qualified service professional (QSP), including homemaker chore services, companion services, personal care services, etc.
 - ✓ Respite care
 - ✓ Care provided outside of the member's plan of care
 - ✓ Documentation time
 - ✓ Childcare
 - ✓ Discharge planning
 - ✓ Delivery of food, medication, medical equipment, or medical supply
 - ✓ Services for members eligible for and/or enrolled in the 1915i Behavioral Health Services and Support program.

- ✓ Counseling and/or risk factor reduction intervention, see section in Preventive Services and Chronic Disease Management policy.
- ✓ Screening Brief Intervention, Referral to Treatment (SBIRT) services, section in Preventive Services and Chronic Disease Management policy.
- Public Comment
 - Mandy was asked to clarify information regarding 1915i and counseling, screening and brief interventions? Would these services not be billable after the 1st visit? It was explained that none of the services listed above would be billable by CHWs as they would be outside the CHW's scope of practice. The screening and referring for SBIRT might be able to be done by CHWs but the remaining components of that service are outside a CHW's scope of practice. Also, the CHW would not be doing the risk factor reduction because they are not qualified, which prevents this code from being billable. However, the CHW could be the connecting bridge between the person and the provider to potentially qualify for 1915i or other services.
 - The public inquired about a list of what will be reimbursable. It was explained that it is difficult to list all things that would be reimbursable. The best way to determine what is reimbursable is to reference the CHW scope of practice and the Medicaid-covered services - health system navigation, resource coordination, health promotion, coaching and health education and training.
- Continuation of Medicaid work group
 - Mandy asked the Task Force if there was a need to continue with the Medicaid Work Group? She advised that there is sufficient information to put together policy and a state plan amendment draft.
 - It was decided to distribute Mandy's slide presentation to the Task Force for review and to share with stakeholders before making this decision.

IV. CHW Focus Group

- Melissa led a discussion regarding the need for another CHW/CHR focus group or forum. She has received this request from various CHW/CHRs.
- The Task Force discussed this idea and agreed that it would be best to finish the Medicaid draft and then share all completed information with CHWs/CHRs for feedback. Chris advised that it is important to obtain this information prior to the public hearing.

Tasks:

- Melissa will begin creating a survey so potential providers can be polled regarding future hiring of CHWs.

- Shannon will connect with Brian regarding the planning of a CBO focus group.
- Melissa will reach out to CHW/CHRs about hours spent with a member and the percentage of CHW/CHR caseloads are Medicaid-eligible members.
- Mandy will distribute her presentation/draft to Brian so it can be forwarded to the Task Force.

Adjourn 2:30pm.

Date Posted: 9/24/2024

Date Revised: