

# Expanding Opportunities for Community Health Representatives

September 29, 2016

**Donald Warne, MD, MPH**

*Oglala Lakota*

Chair, Department of Public Health

# Pine Ridge Reservation Kyle, S.D.





# Traditional View of Public Health

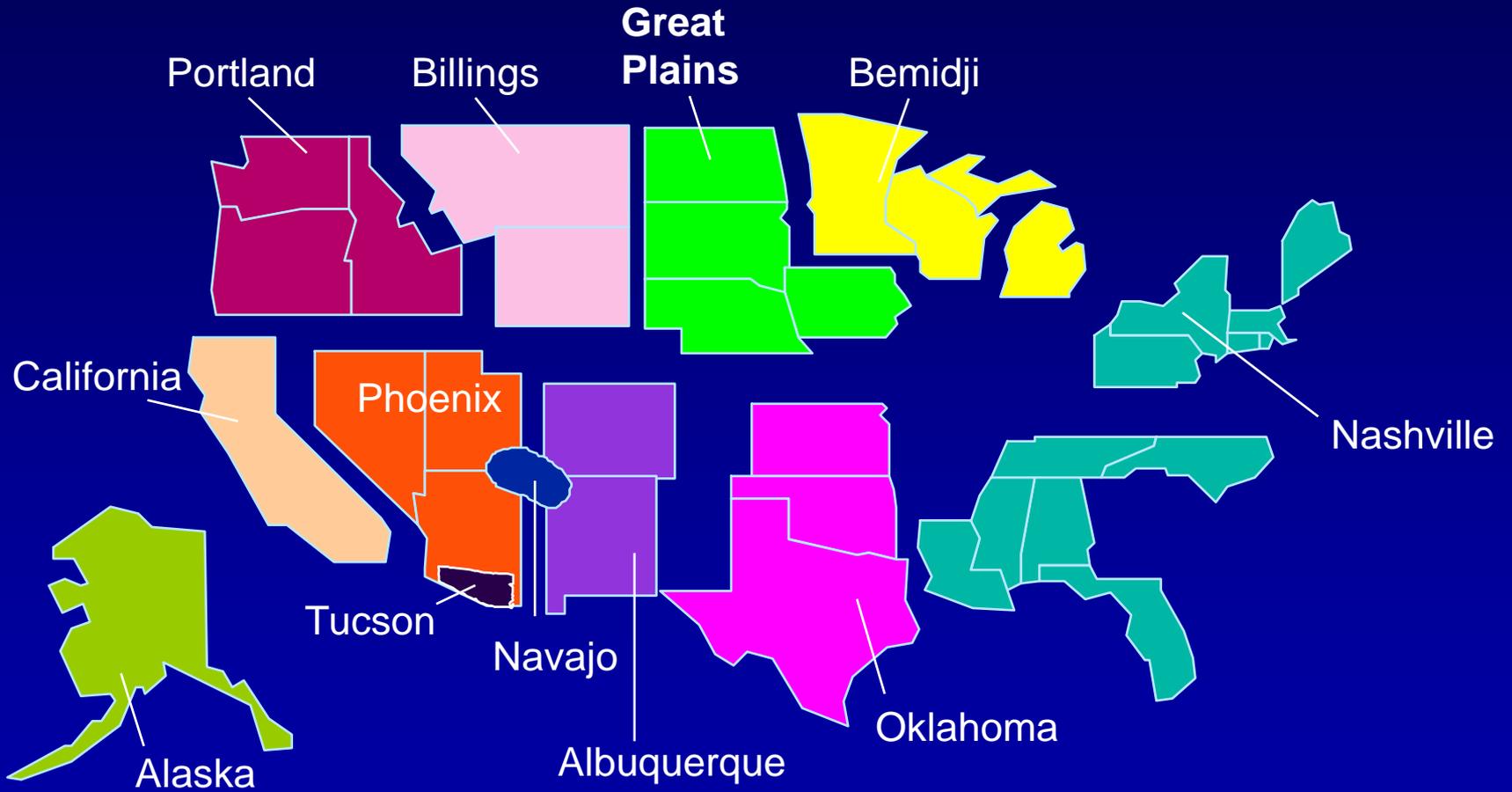


STUDENT FOCUSED • LAND GRANT • RESEARCH UNIVERSITY **NDSU**

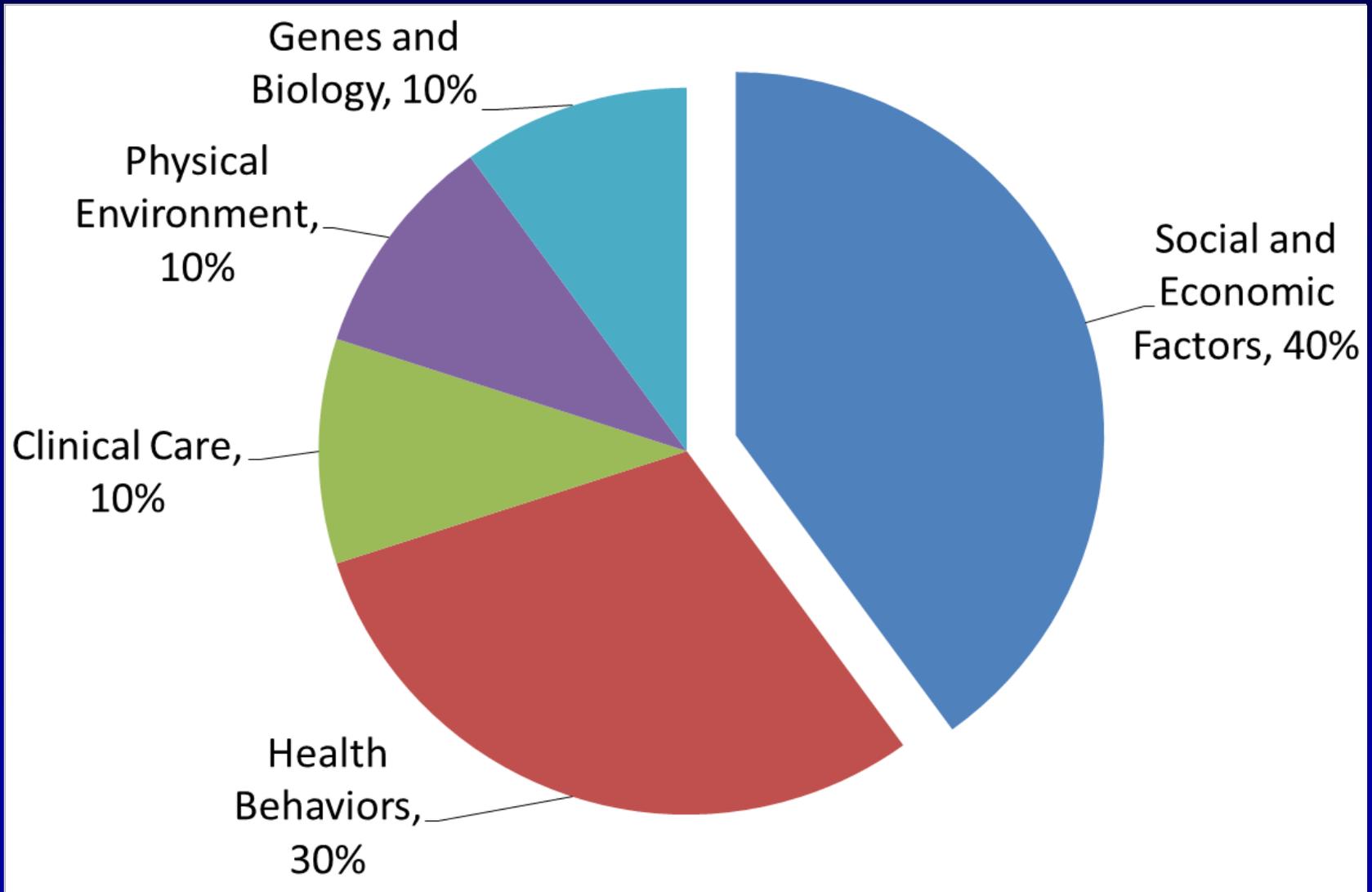
# Objectives

- Integration of CHR's into AI/AN Health Services
- Reimbursable preventive services by Medicaid
- North Dakota's approach on CHR/CHW Medicaid Reimbursement for Targeted Case Management
- Moving forward with Certification and Medicaid Reimbursement Policies

# IHS Areas



# Determinants of Health



# What is Public Health?

- “the fulfillment of society’s interest in assuring the conditions in which people can be healthy”<sup>1</sup>
- Achieved through the application of health promotion and disease prevention technologies and interventions designed to improve and enhance quality of life<sup>2</sup>

<sup>1</sup>Institute of Medicine, The Future of Public Health

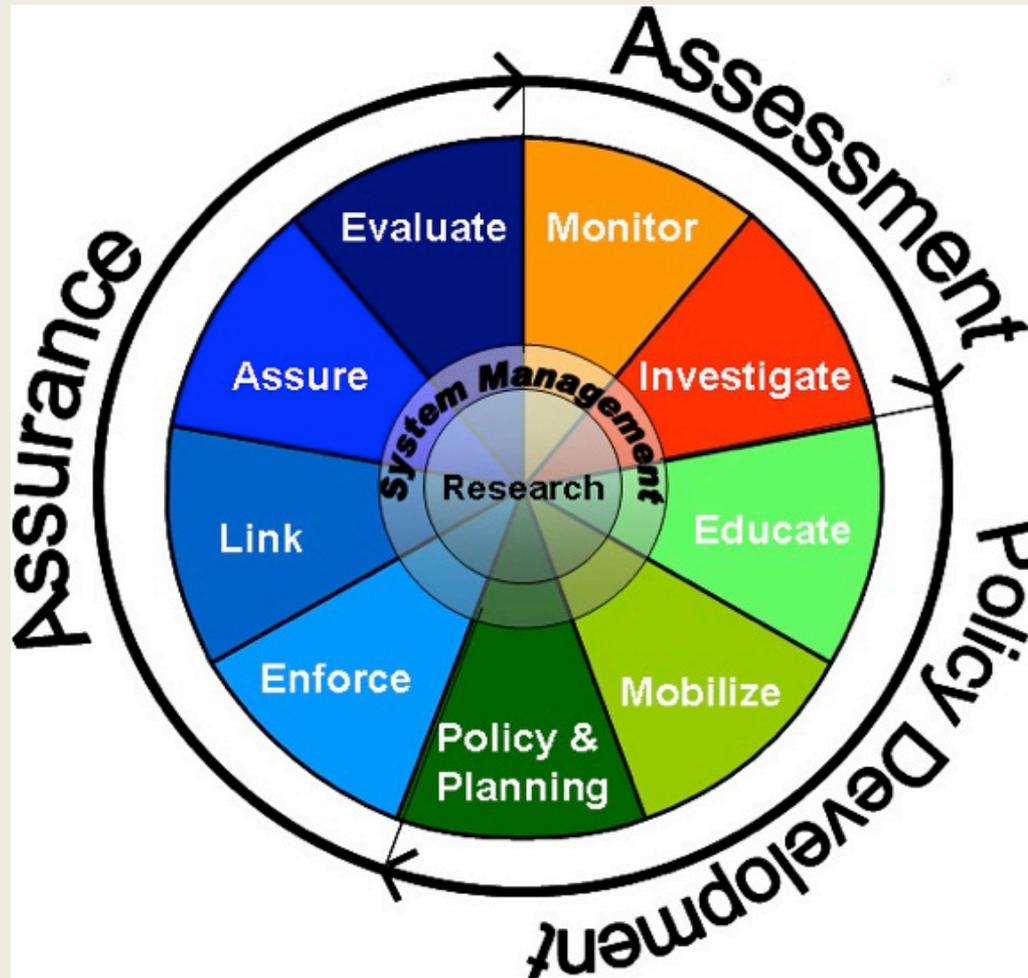
<sup>2</sup>Association of Schools of Public Health

# Public Health vs. Medical Care

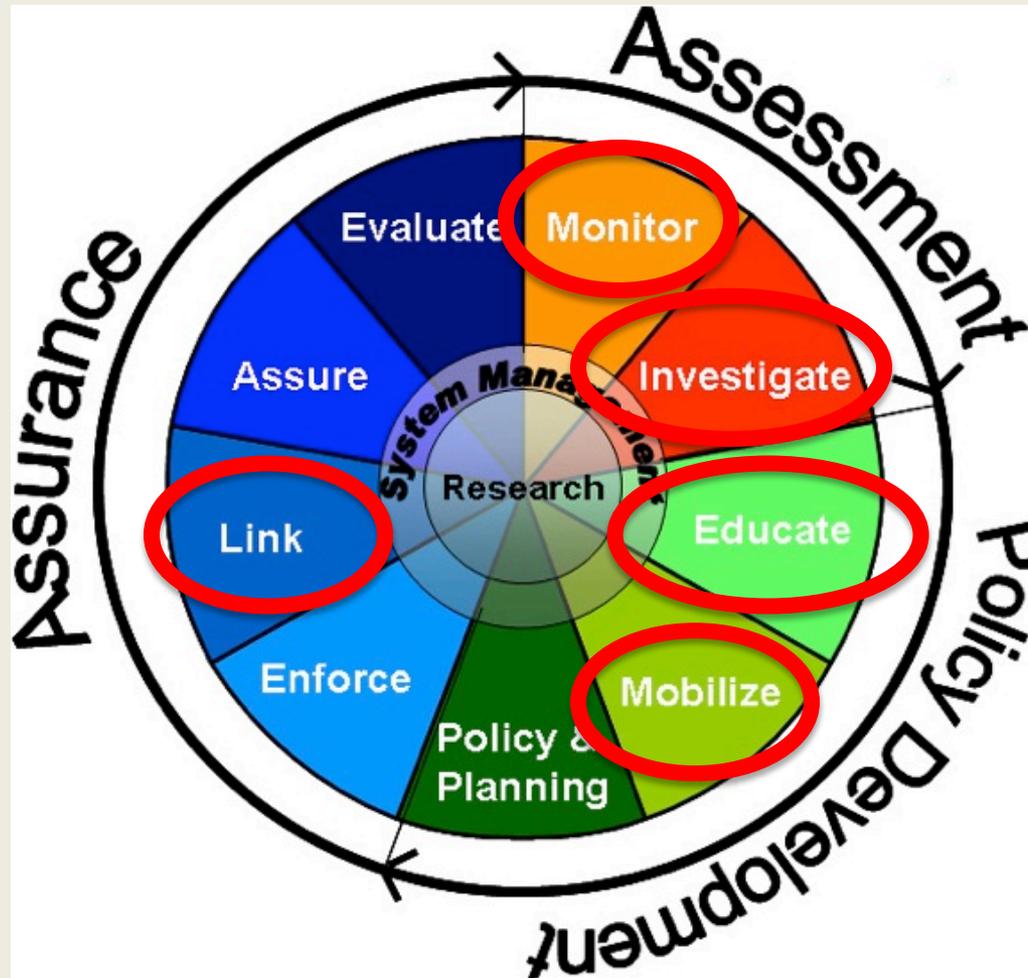
- *Medicine* is concerned with *individual patients* whereas Public Health regards the “community” as its patient
- *Public health* has many disciplines (nursing, nutrition, social work, epidemiology, environmental sciences, health education, health services administration, behavioral sciences), its activities focus on entire *populations* rather than on individual patients

Association of Schools of Public Health

# Ten Essential Services



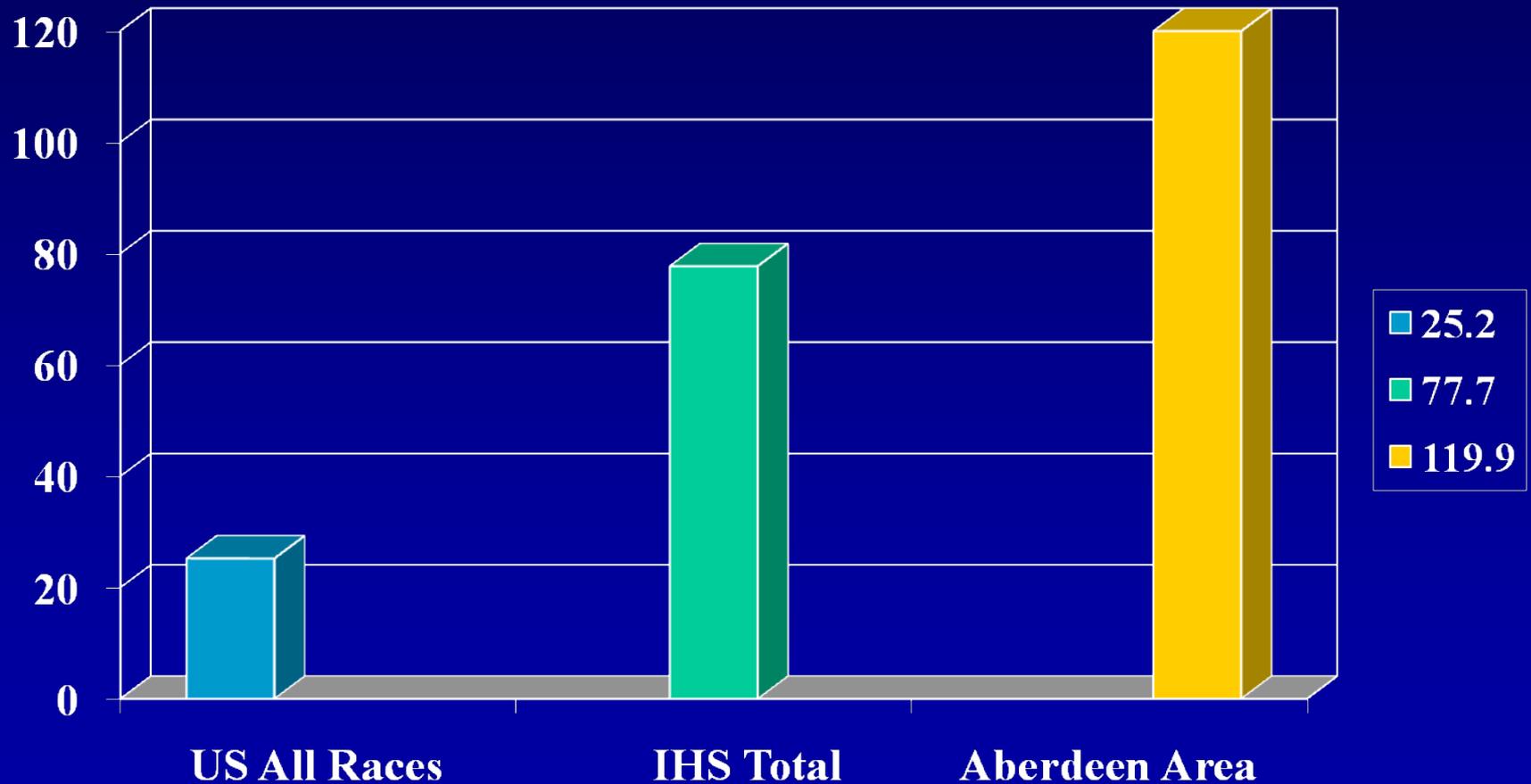
# Ten Essential Services



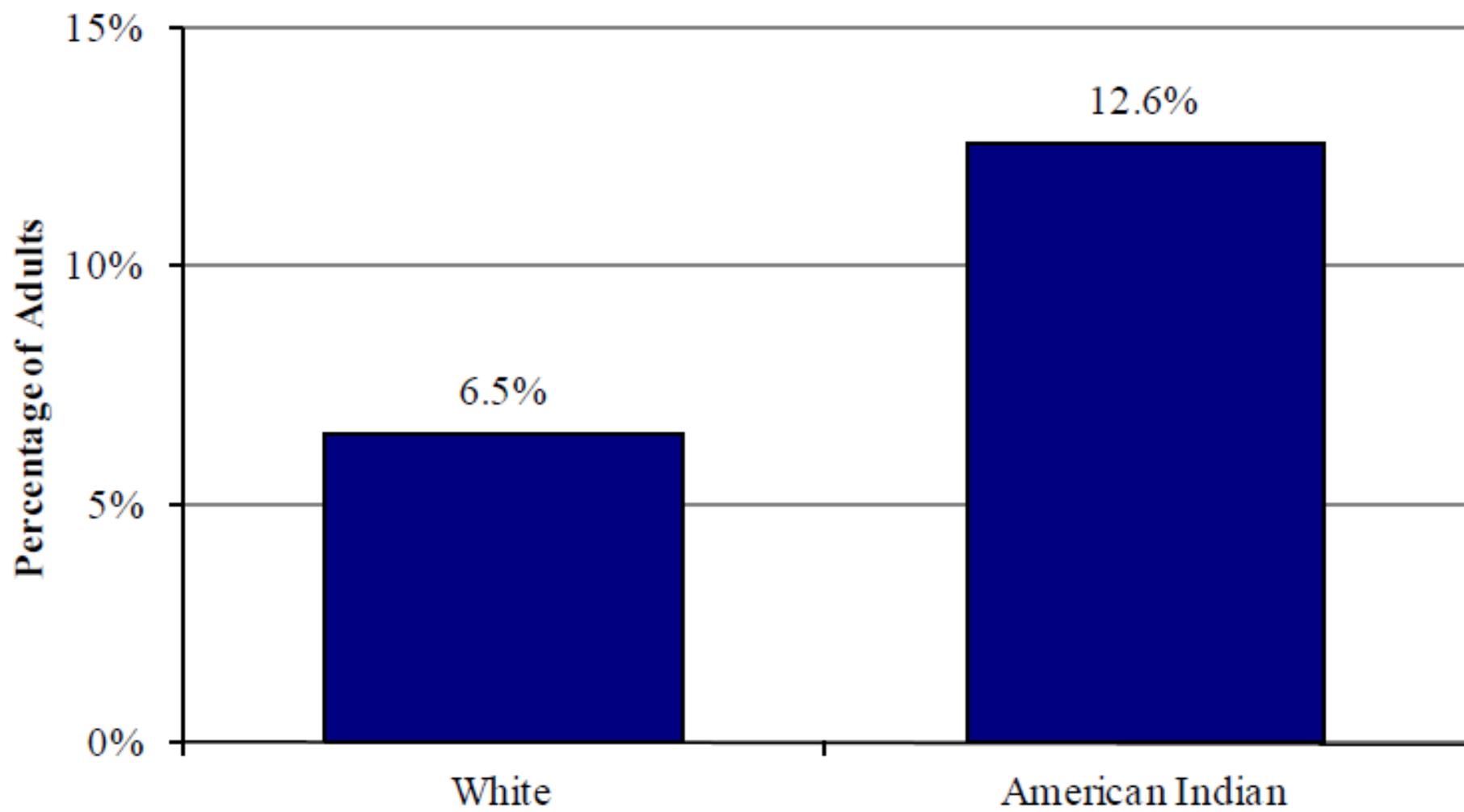


# Diabetes Death Rates

(Rate/Per 100,000 Population)

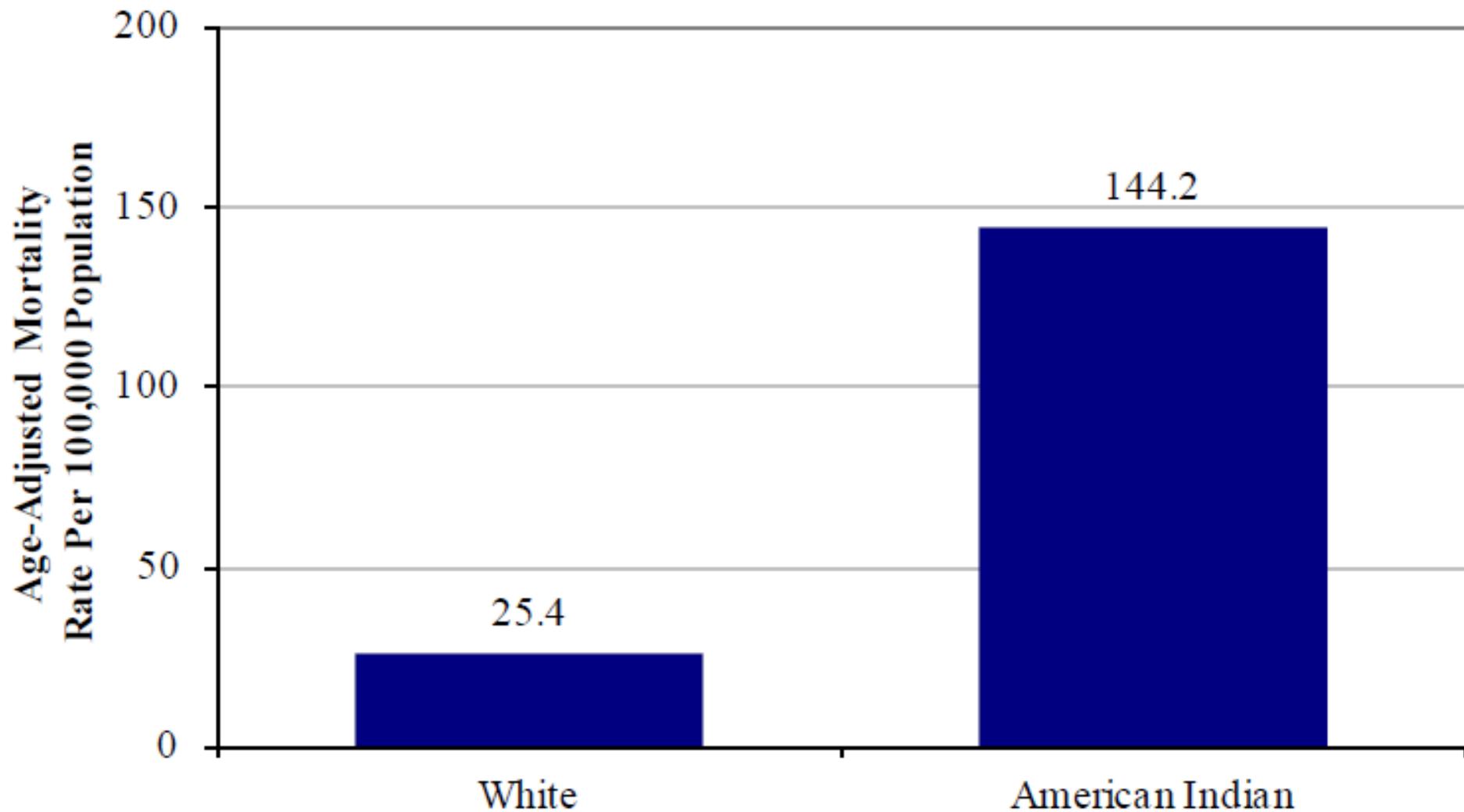


**Figure 43. Diabetes Prevalence by Race  
North Dakota Adults 2005-2008**

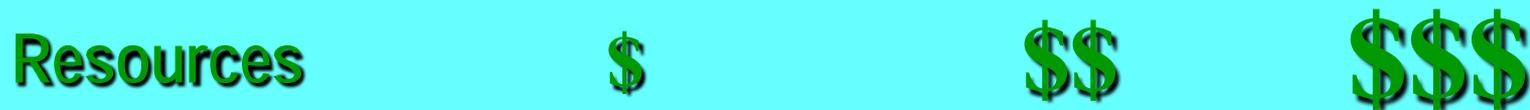
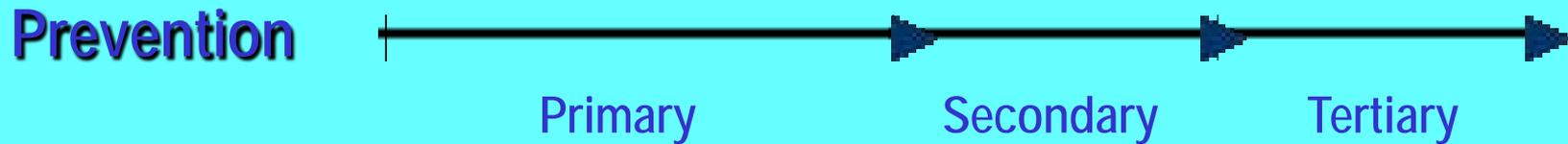
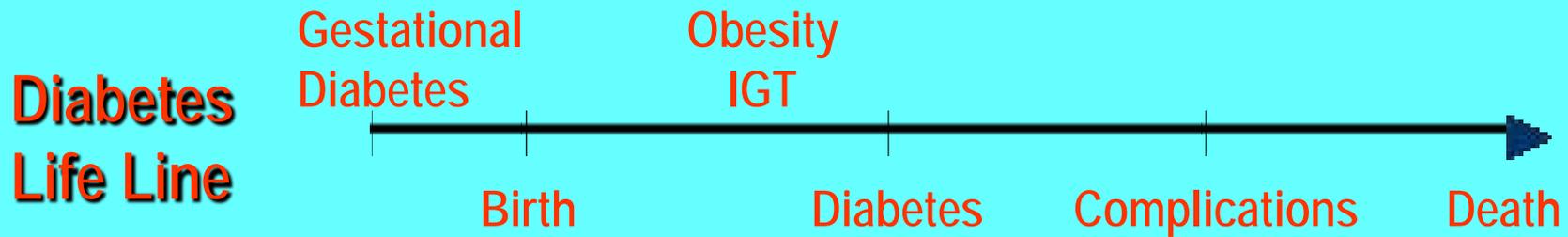


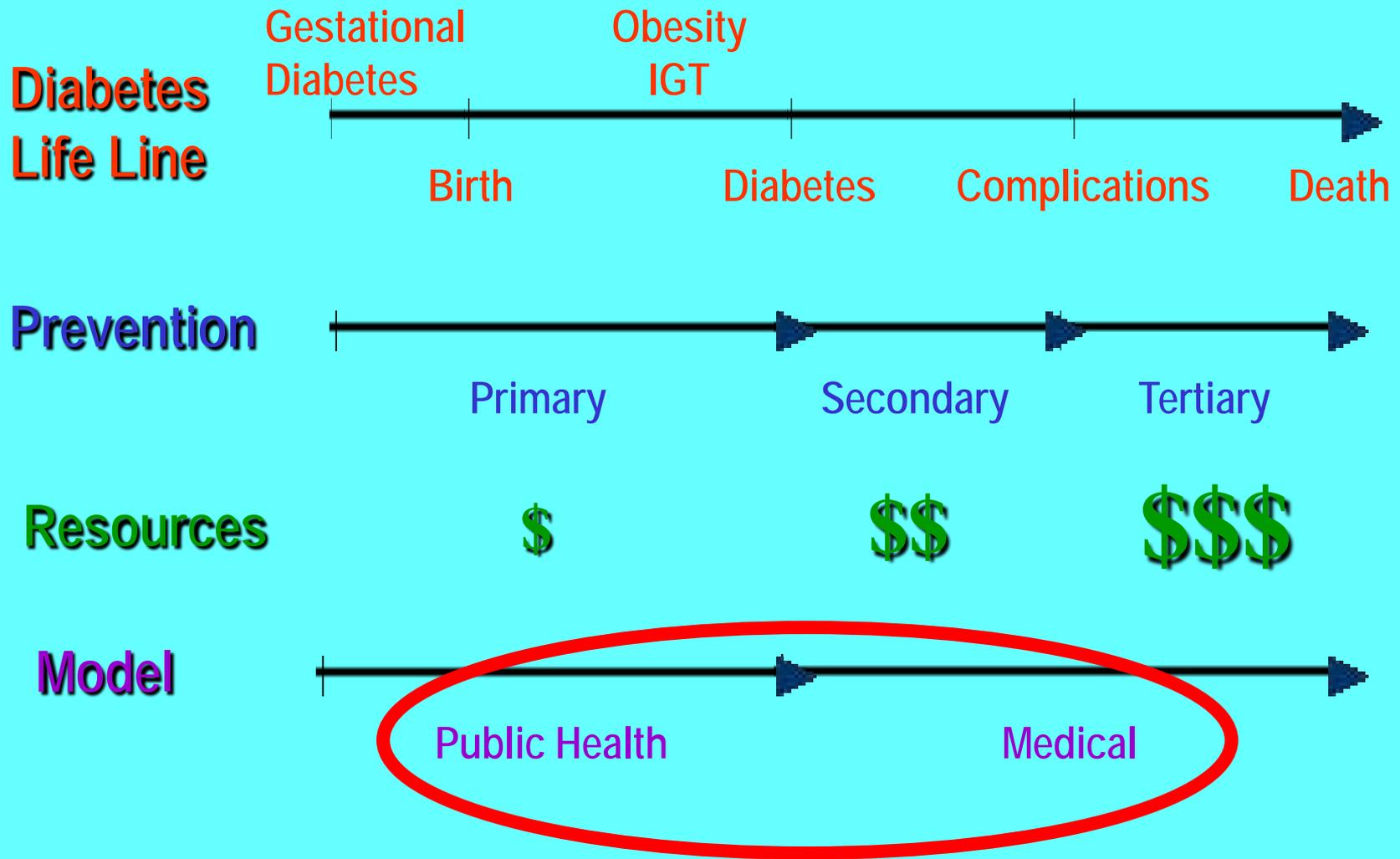
Source: Behavioral Risk Factor Surveillance System

**Figure 44. Diabetes Mortality Rate by Race  
North Dakota 2000-2007**



Source: North Dakota Vital Records





**Role for CHRs?**



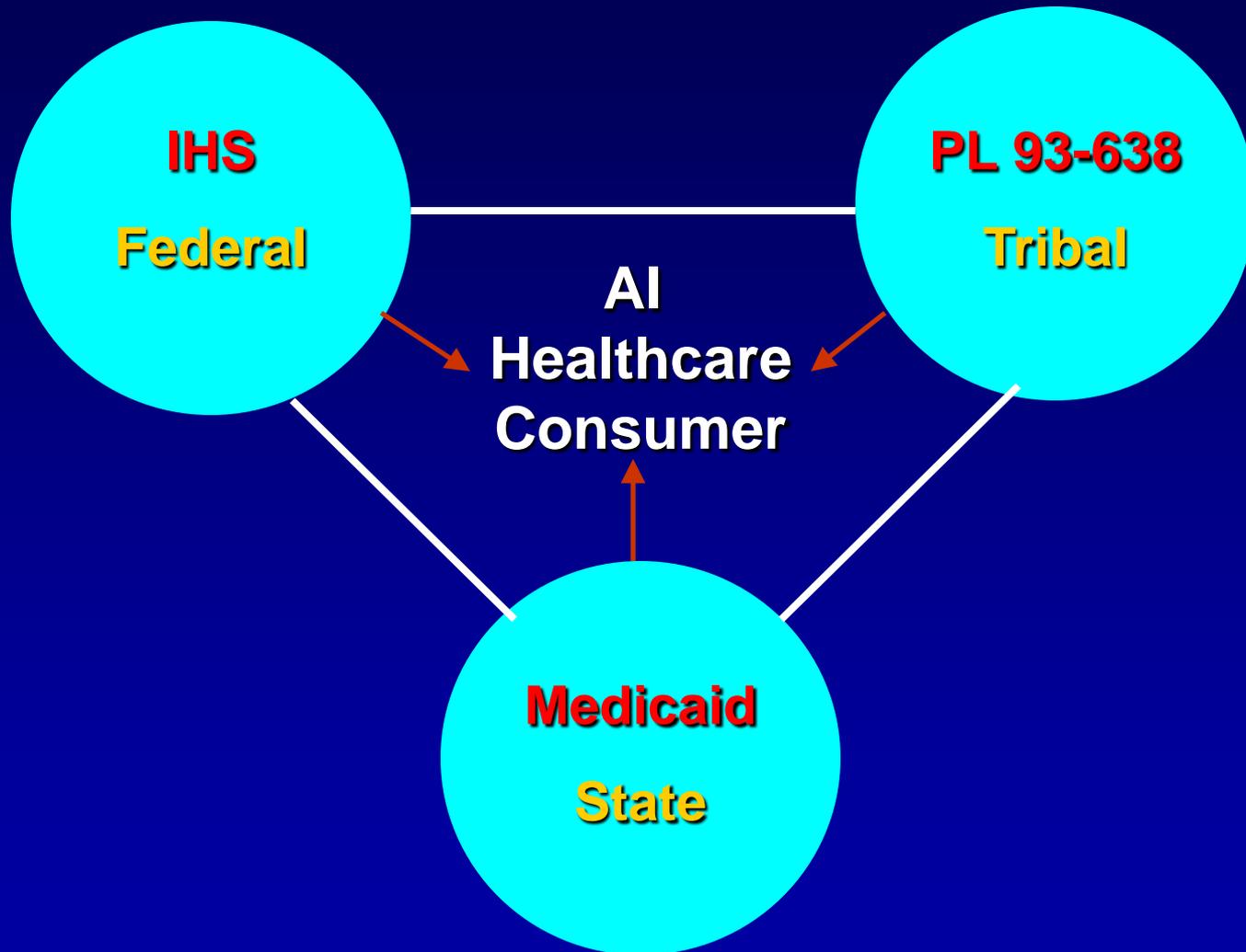
# Indian Health System 1955-1975



# Indian Health System 1975-1988



# Indian Health System



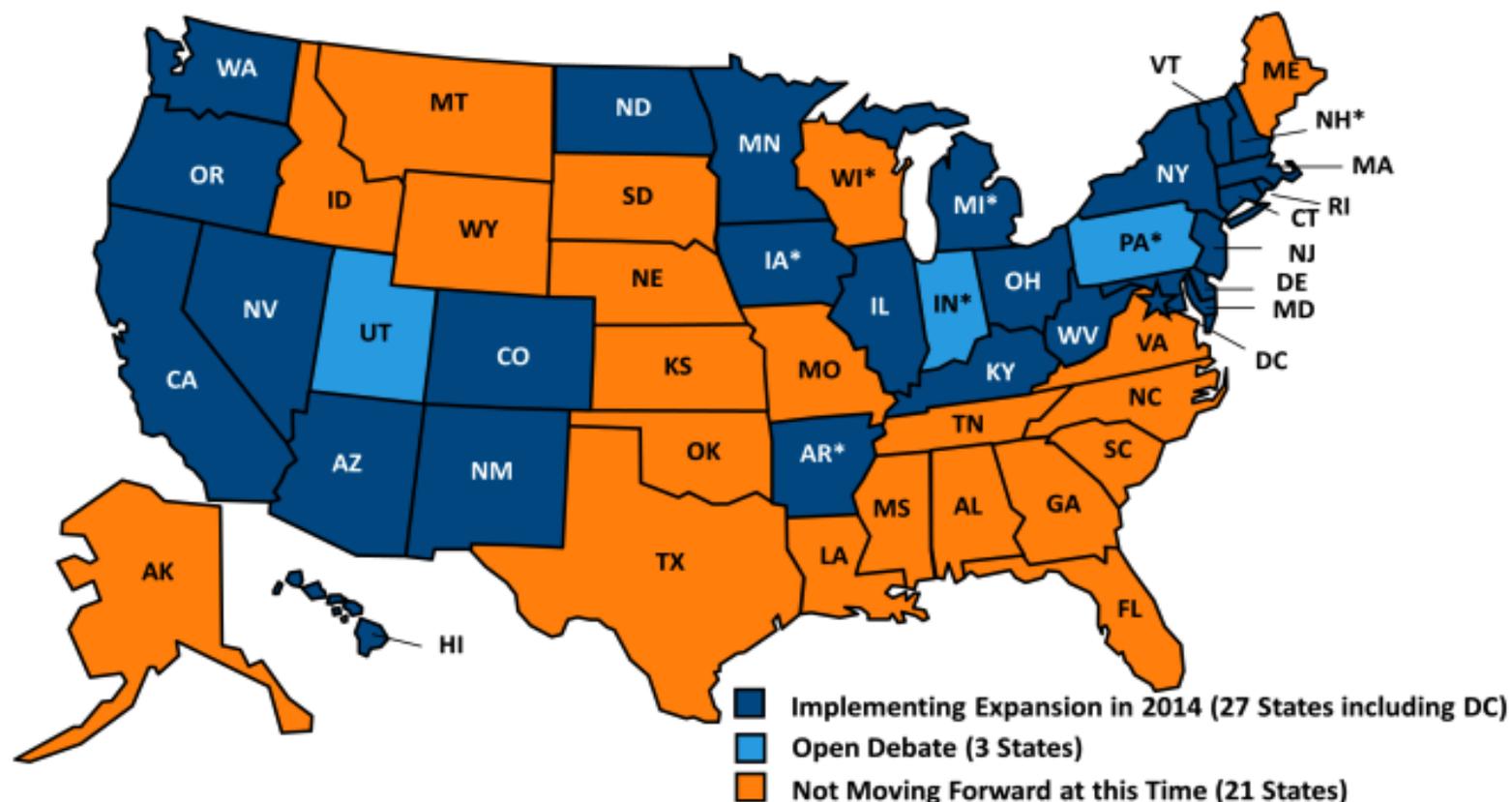
*Health Sector*

# Patient Protection & Affordable Care Act

- “ACA”—March 23, 2010, includes IHCIA
- Health Insurance Reform—PEC, Prev Svs, etc
- “Government Takeover of Health Care”
- No Single Payer
- “Obamacare”
- **Medicaid Expansion**
- **Preventive Services**
- Impact on AI/ANs?



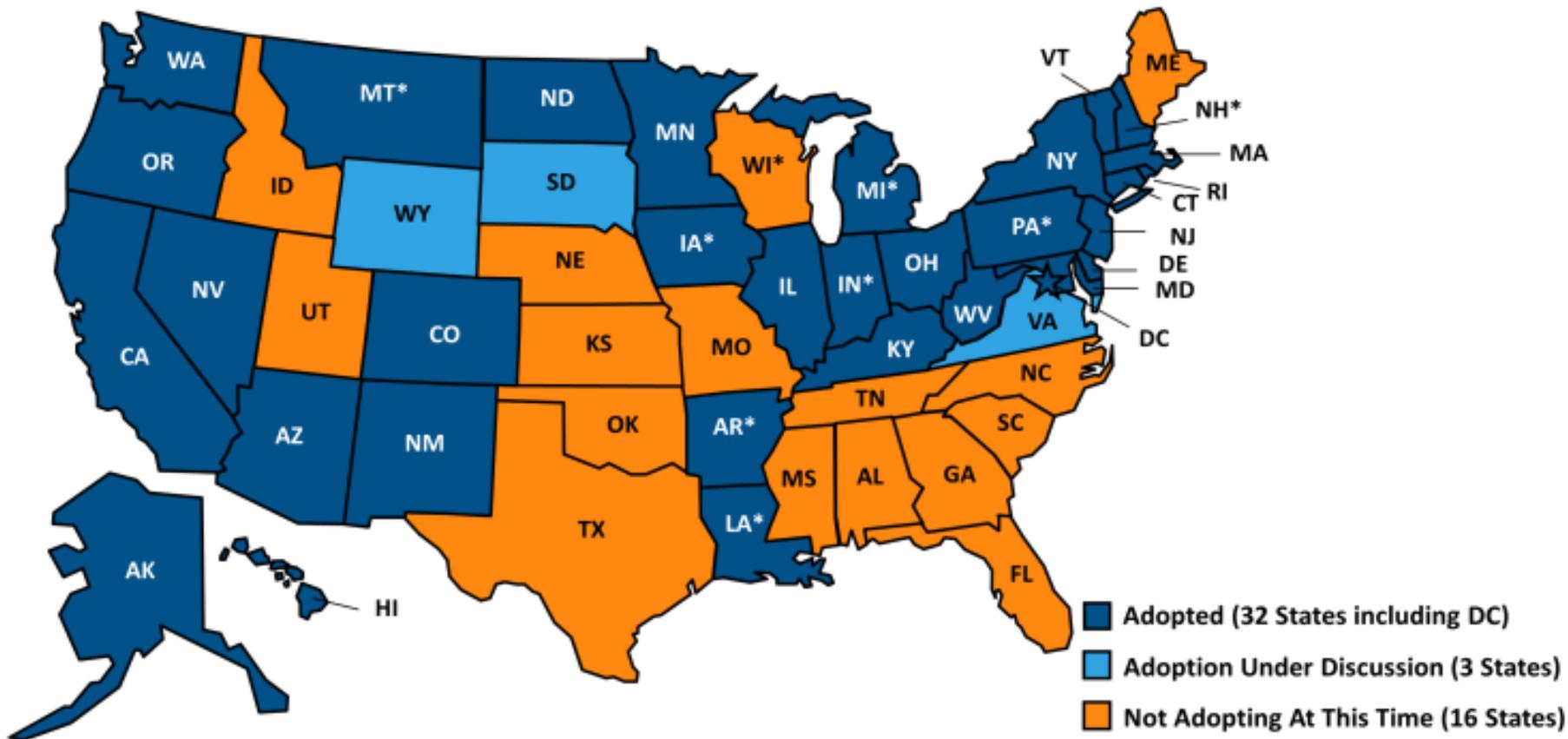
# Current Status of State Medicaid Expansion Decisions, 2014



NOTES: Data are as of June 10, 2014. \*AR and IA have approved waivers for Medicaid expansion. MI has an approved waiver for expansion and implemented in Apr. 2014. IN and PA have pending waivers for alternative Medicaid expansions. WI amended its Medicaid state plan and existing waiver to cover adults up to 100% FPL, but did not adopt the expansion. NH has passed legislation approving the Medicaid expansion in Mar. 2014; the legislation calls for the expansion to begin July 2014.

SOURCES: States implementing in 2014 and not moving forward at this time are based on data from CMS [here](#). States noted as "Open Debate" are based on KCMU analysis of State of the State Addresses, recent public statements made by the Governor, issuance of waiver proposals or passage of a Medicaid expansion bill in at least one chamber of the legislature.

# Current Status of State Medicaid Expansion Decisions, 2016



NOTES: Current status for each state is based on KCMU tracking and analysis of state executive activity. \*AR, IA, IN, MI, MT, NH and PA have approved Section 1115 waivers. Coverage under the PA waiver went into effect 1/1/15, but it has transitioned coverage to a state plan amendment. Coverage under the MT waiver went into effect 1/1/2016. LA's Governor Edwards signed an Executive Order to adopt the Medicaid expansion on 1/12/2016, but coverage under the expansion is not yet in effect. WI covers adults up to 100% FPL in Medicaid, but did not adopt the ACA expansion. See source for more information on the states listed as "adoption under discussion."

SOURCE: "Status of State Action on the Medicaid Expansion Decision," KFF State Health Facts, updated January 12, 2016.

<http://kff.org/health-reform/state-indicator/state-activity-around-expanding-medicaid-under-the-affordable-care-act/>

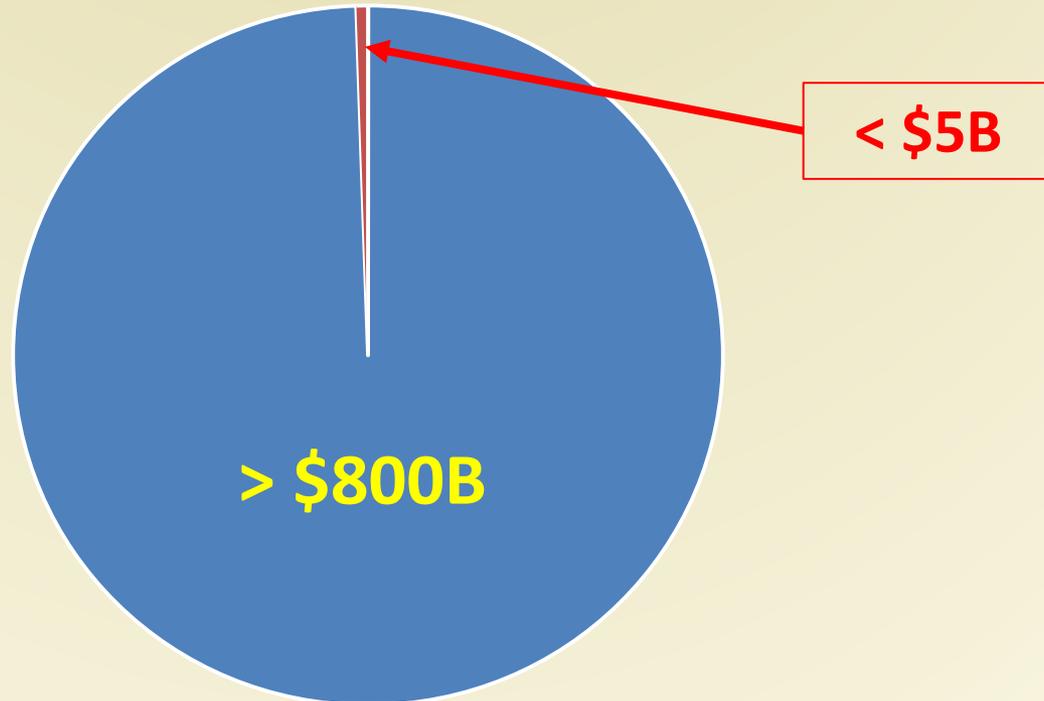
# Treaties and Trust Responsibility

*“I don’t have a treaty with CMS”*

# Treaties and Trust Responsibility

*"I don't have a treaty with CMS"*

Federal Budget for Health Services

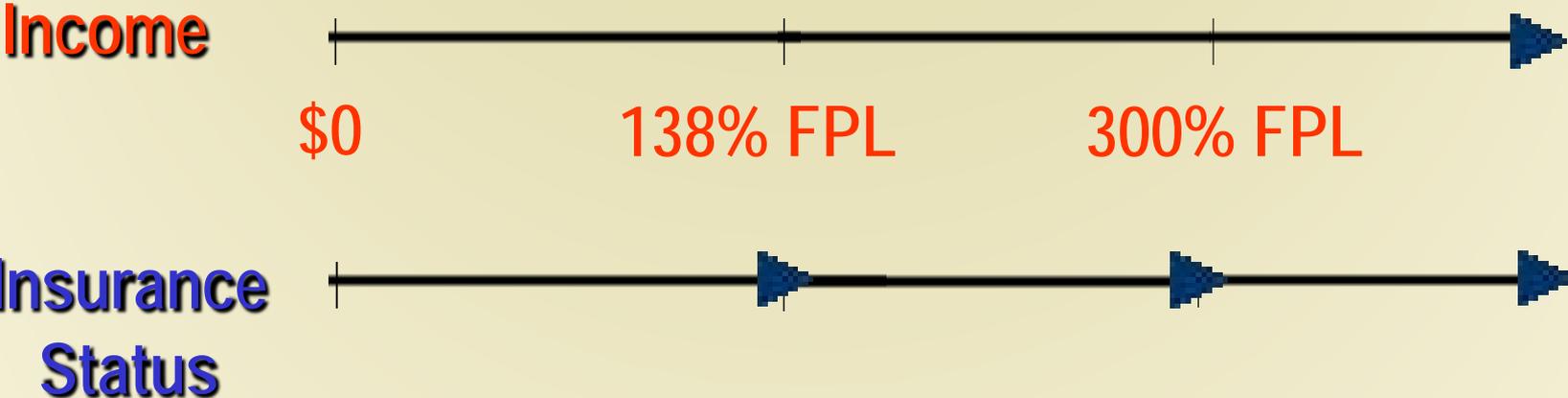


■ DHHS Budget ■ IHS Budget

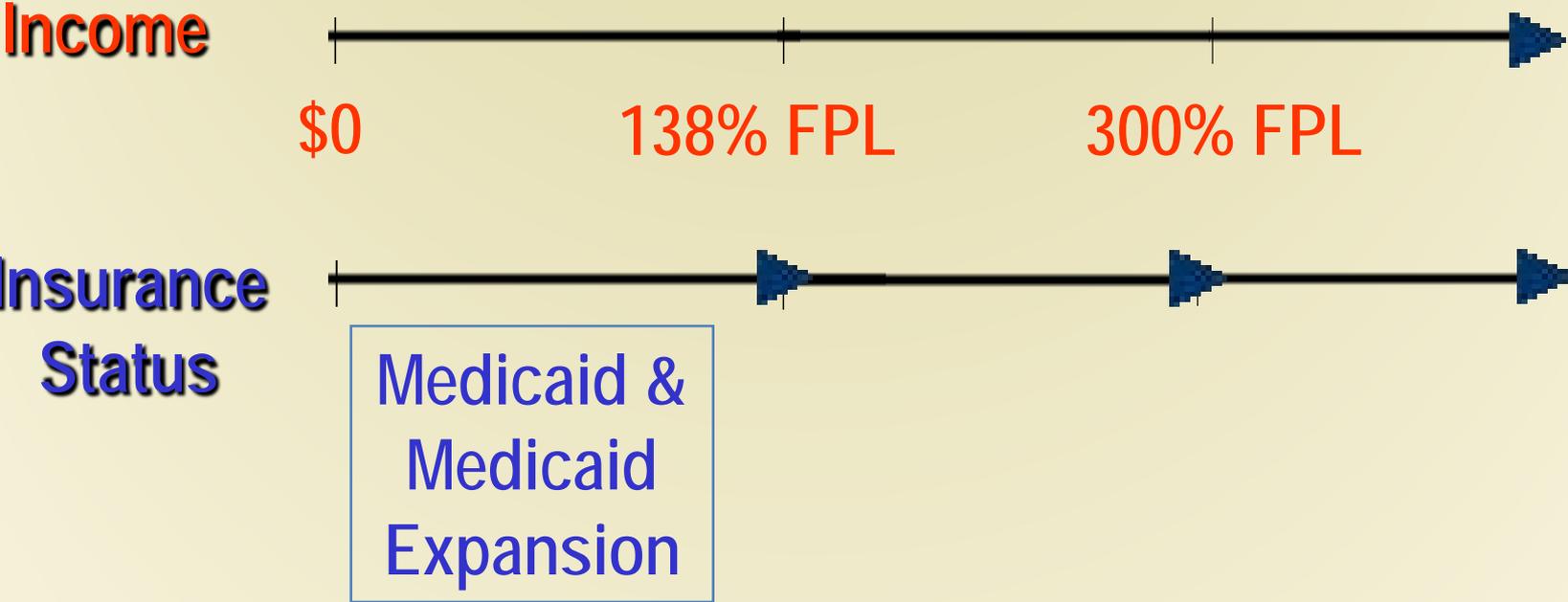
# A Path Forward for Indian Health in ME States



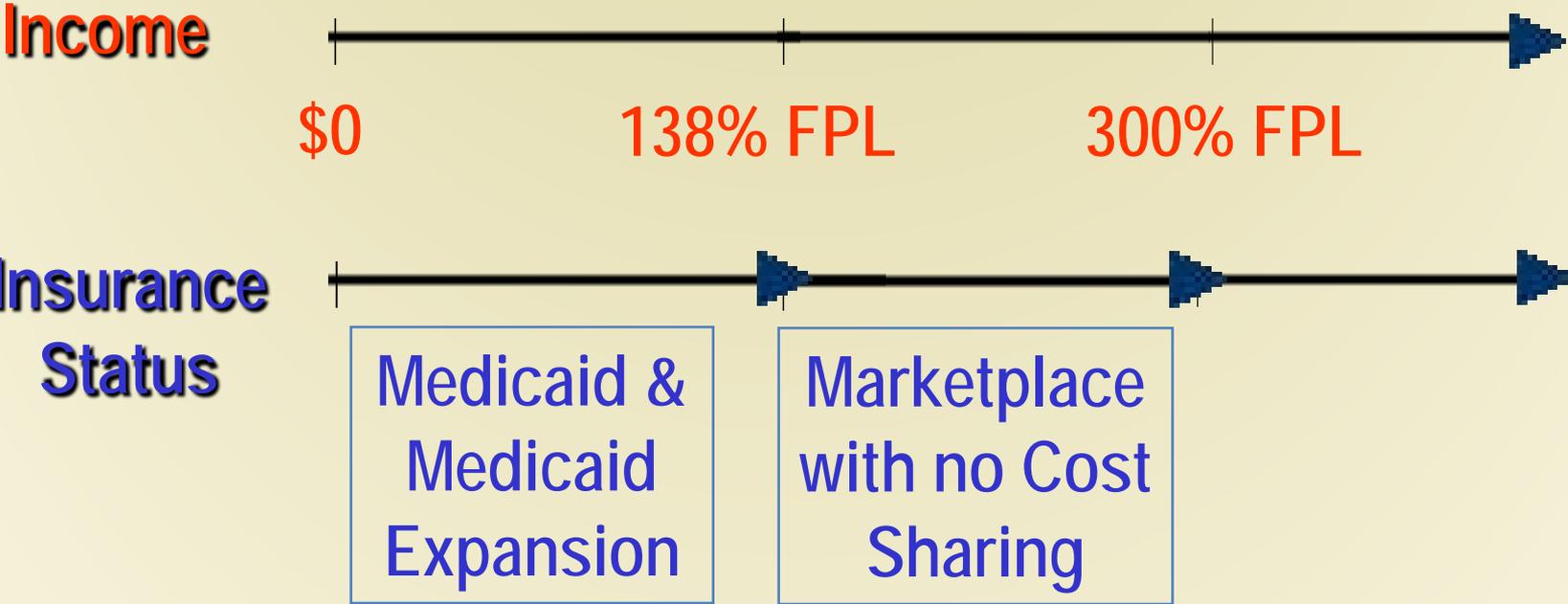
# A Path Forward for Indian Health in ME States



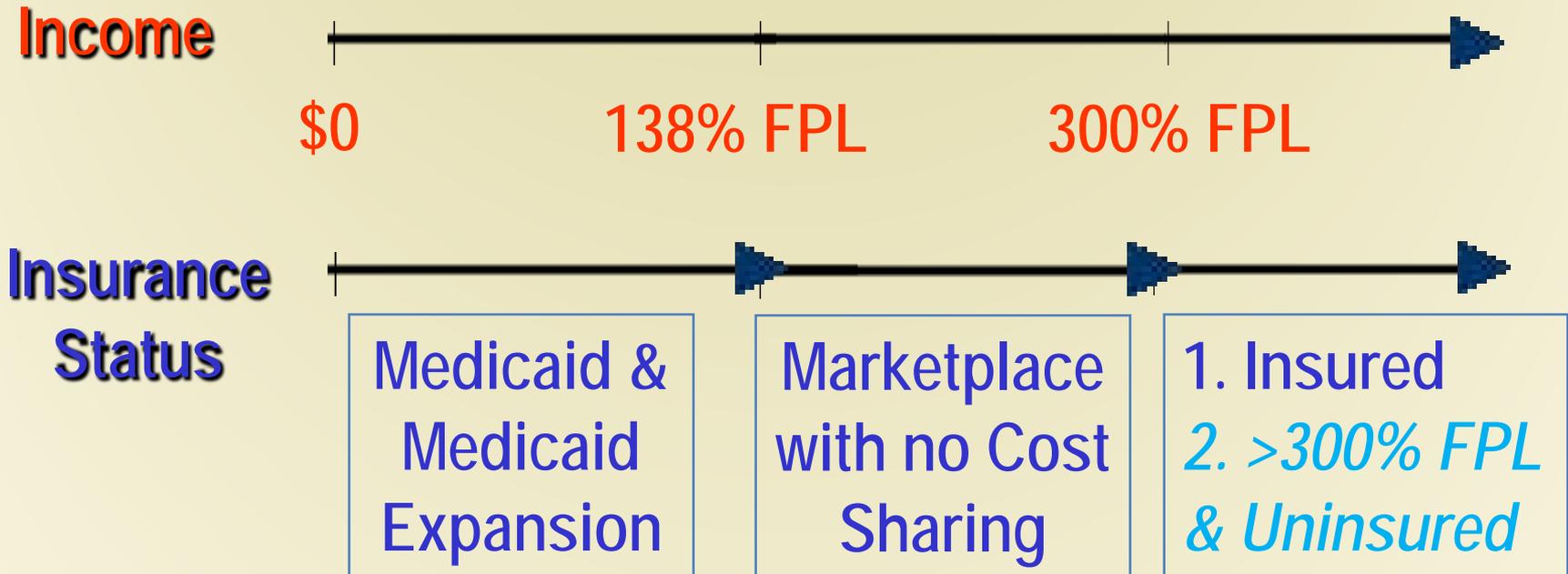
# A Path Forward for Indian Health in ME States



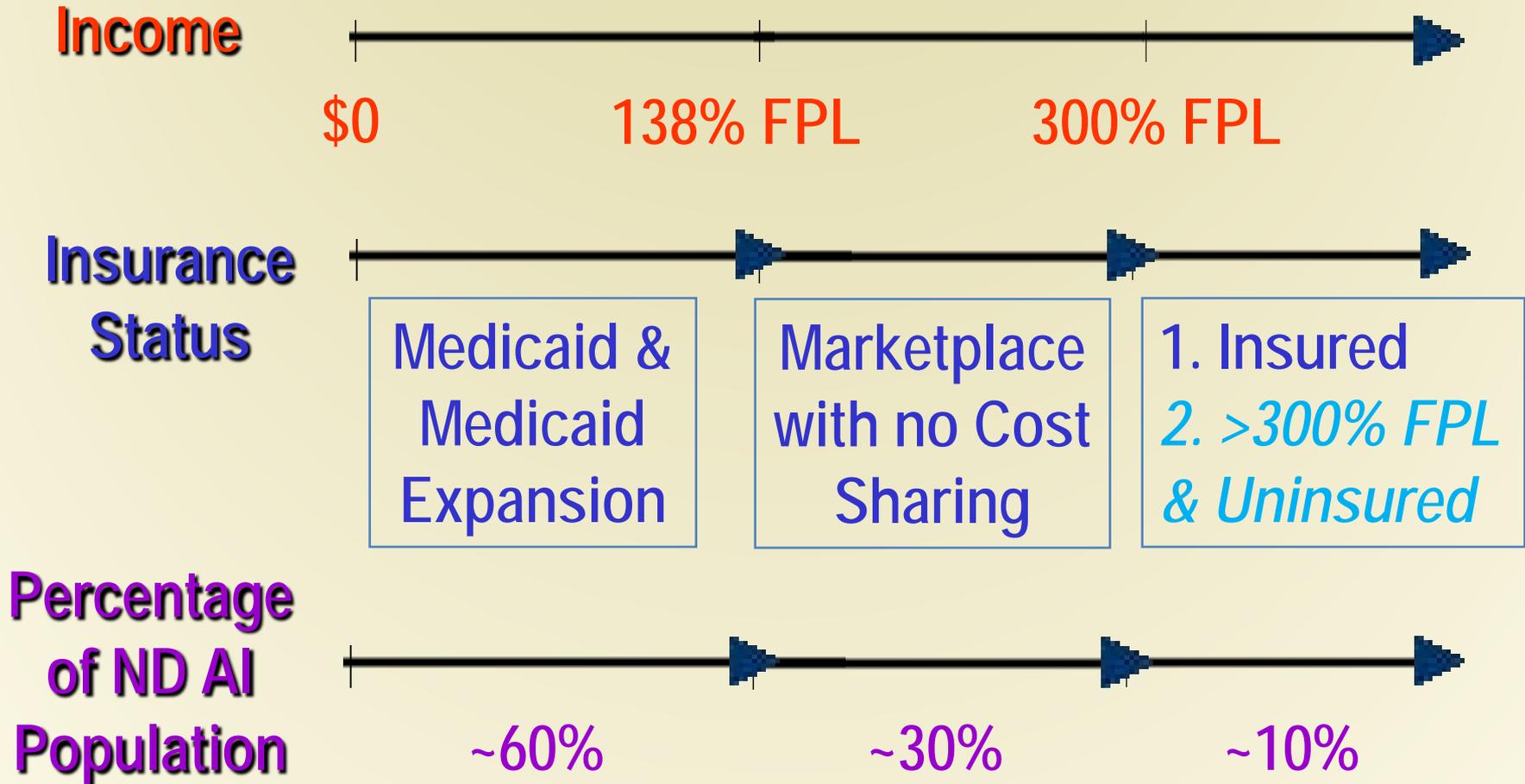
# A Path Forward for Indian Health in ME States



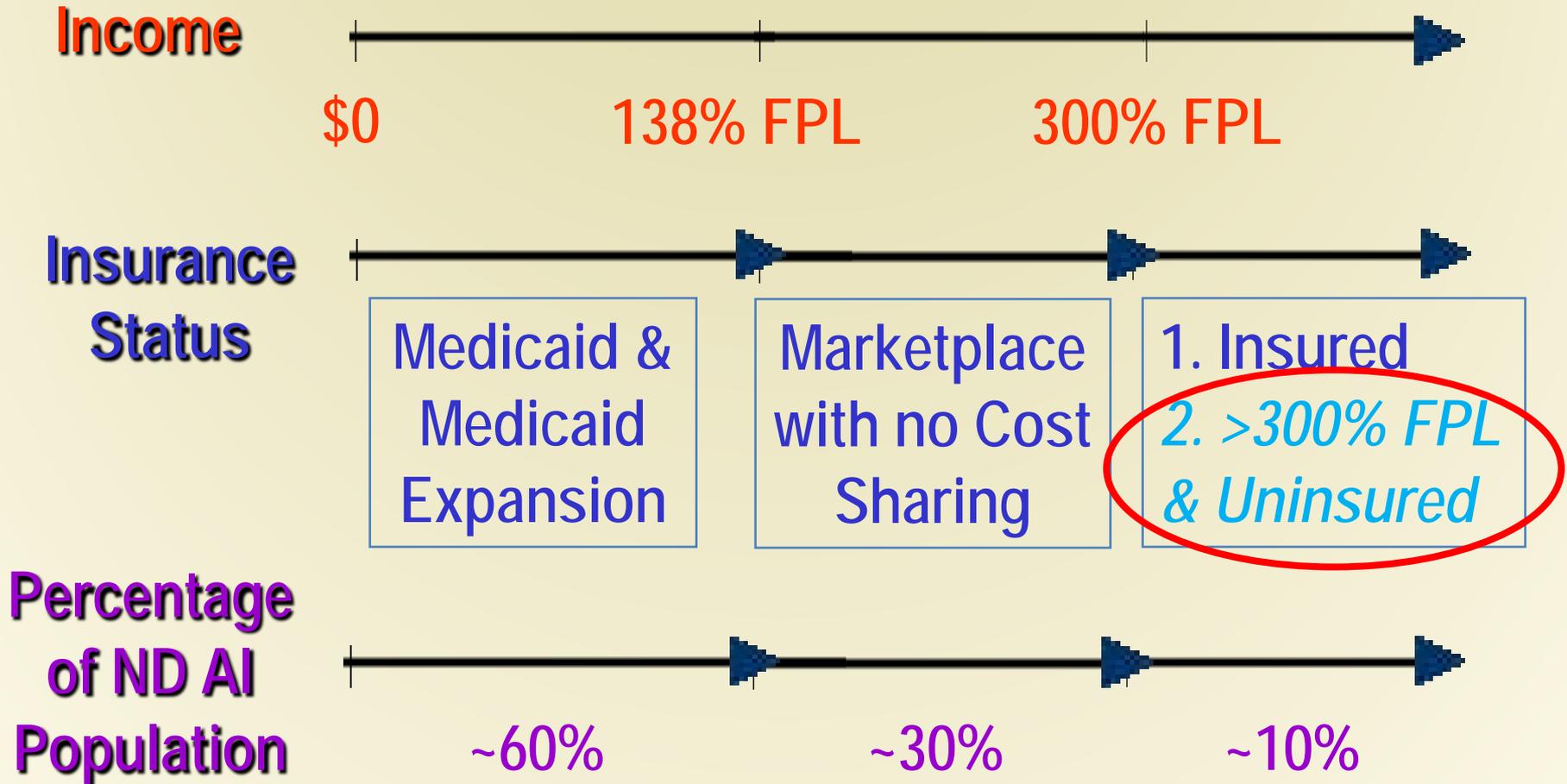
# A Path Forward for Indian Health in ME States



# A Path Forward for Indian Health in ME States



# A Path Forward for Indian Health in ME States



Tribes can “638” PRC funds to pay for cost sharing—eliminating the need for PRC in the State of ND

# CHW Definition

**PH workers who apply their unique understanding of the experience, language, and culture of the populations they serve by:**

- Providing culturally appropriate health education and outreach in homes, schools, clinics, shelters, local businesses, and community centers;
- Bridging / mediating between individuals, communities and health and human services;
- Assuring that people access the services they need;
- Providing direct services, such as informal counseling, social support, care coordination, and health screenings; and
- Advocating for individual and community needs.

# CHW Definition

**CHWs are distinguished from other health professionals because they:**

- Are hired primarily for their understanding of the populations and communities they serve;
- Conduct outreach a significant portion of the time in one or more of the categories above;
- Have experience providing services in community settings.

**Social support, advocacy and informal counseling**

**Chronic disease prevention and management**

**Health education**

**Assistance in navigating health systems and community resources**

# National Support for CHW Programs



## Incorporating Community Health Workers into State Health Care Systems: Options for Policymakers

August 2015



INSTITUTE OF MEDICINE  
OF THE NATIONAL ACADEMIES

## Bringing Community Health Workers into the Mainstream of U.S. Health Care

Mary Pittman, Anne Sunderland, Andrew Broderick, and Kevin Barnett\*

February 4, 2015

### A POLICY BRIEF ON COMMUNITY HEALTH WORKERS

National Center for Chronic Disease Prevention and Health Promotion  
Division for Heart Disease and Stroke Prevention



# Medicaid Payment for Non-licensed Providers

- ❑ CMS clarified the statute in the Essential Health Benefits rule
- ❑ Medicaid will now reimburse for *preventive services recommended by licensed providers and provided, at state option, by non-licensed providers.*
- ❑ This change applies to the fee-for-service market and requires a *State Plan Amendment (SPA)*
- ❑ Managed Care Organizations have the ability to reimburse now

# Opportunity to Expand Community-Based Health Promotion & Disease Prevention

More types of health professionals could be reimbursed for providing preventive services to Medicaid beneficiaries

- ❑ Community Health Workers
- ❑ Community Health Representatives
- ❑ Health Educators
- ❑ Care Coordinators
- ❑ Home Visiting (MIECHV, Healthy Start, etc.)
- ❑ Lactation Consultation
- ❑ Diabetes Prevention Program
- ❑ Parenting Education
- ❑ Others...

# What are the Steps?

- ❑ Define the program.
- ❑ Gather data.
- ❑ Meet with local Managed Care Organizations (MCOs) to explore workforce innovation partnerships for chronic disease management.
- ❑ Coordinate with the state Medicaid agency to request that they submit a **State Plan Amendment** (SPA).



# What are the Steps?

## SPAs AND WAIVERS AT A GLANCE

	State Plan Amendment	Waivers
<b>When to use it</b>	To propose a change to a state's Medicaid plan that falls within federal rules and requirements.	To submit a formal request to have specific federal rules or requirements "waived" to test a new service, delivery system change or policy that falls outside of federal rules or regulations.
<b>Requirements</b>	Must comply with federal rules and requirements and typically must meet criteria for statewideness, comparability, and choice of providers (exceptions for managed care delivery systems). No budget or cost requirements.	Must meet cost requirements specific to the type of waiver (e.g., 1115 waivers must be budget neutral).  No requirements for statewideness, comparability, or choice of providers.
<b>Approval process</b>	CMS will review and respond within 90 days. If CMS requests additional information during the 90 day window, the "clock" is stopped until the information is received.	Depends on the type of waiver, but can involve a lot of discussion and negotiation between CMS and the state. 1115 waiver approval processes must be transparent and provide opportunity for public comment.
<b>Duration</b>	If approved, the change is permanent (unless modified by a subsequent SPA).	For 1115 waivers, the approval is typically for an initial five-year period with an option to renew for an additional three years.



# States with CHW Programs

## STATE COMMUNITY HEALTH WORKER PROGRAM EXAMPLES

STATE	PROGRAM	KEY FUNDING	EXAMPLE OF CHW SERVICES
Idaho <sup>i</sup>	Idaho's Statewide Healthcare Innovation Plan uses CHWs for its patient-centered medical homes that deliver primary care, mainly in underserved areas.	Centers for Medicare and Medicaid Services, State Innovation Model Grant.	Provide health education and management to people in underserved areas with chronic conditions, e.g., diabetes management.
Kentucky <sup>ii</sup>	Kentucky Homeplace, established in 1994 and housed within the University of Kentucky Center for Excellence in Rural Health, employs CHWs in underserved and rural communities.	The Kentucky Department for Public Health contracts with the University of Kentucky Center for Rural Health. The legislature appropriates general funds for this program. <sup>iii</sup>	Help clients to access resources to meet their health care needs such as adequate food, eyeglasses and dentures.
Montana <sup>iv</sup>	Montana created a care coordination program that places CHWs within critical access hospitals to meet the diverse health care needs of a frontier state.	Frontier Community Health Care Coordination Demonstration Grant (HRSA-11-202).	Work to help elderly patients remain in their homes by evaluating their individual needs and connecting them to personalized care, e.g., physical therapy or other community resources.

# States with CHW Programs

## STATE COMMUNITY HEALTH WORKER PROGRAM EXAMPLES

STATE	PROGRAM	KEY FUNDING	EXAMPLE OF CHW SERVICES
Oregon <sup>v</sup>	Oregon's Patient Centered Primary Care Home Program covers services provided by certified CHWs. CHWs must be included on health care teams in the Coordinated Care Organizations (CCOs), which aim to provide the best quality health care at affordable costs.	Medicaid State Plan Amendment	Ensure patients regularly see their health care provider and receive chronic disease management, e.g., going to an asthma patient's house to ensure they are managing their condition properly.
South Carolina <sup>v</sup>	The South Carolina Department of Health and Human Services' Health Access at the Right Time (HeART) initiative includes CHWs in primary care practices as community liaisons.	Eligible primary care physician practices receive a grant from the South Carolina Department of Health and Human Services.  In addition, two billing codes are available for CHW services.	Encourage patients to follow appointment, medication and treatment schedules.

# Minnesota Statute

## *MS 256B.0625, Subdivision 49*

Subd. 49. **Community health worker.** (a) Medical assistance covers the care coordination and patient education services provided by a community health worker if the community health worker has:

(1) received a certificate from the Minnesota State Colleges and Universities System approved community health worker curriculum; or

(2) at least five years of supervised experience with an enrolled physician, registered nurse, advanced practice registered nurse, or dentist, or at least five years of supervised experience by a certified public health nurse operating under the direct authority of an enrolled unit of government.

Community health workers eligible for payment under clause (2) must complete the certification program by January 1, 2010, to continue to be eligible for payment.

(b) Community health workers must work under the supervision of a medical assistance enrolled physician, registered nurse, advanced practice registered nurse, or dentist, or work under the supervision of a certified public health nurse operating under the direct authority of an enrolled unit of government.

(c) Care coordination and patient education services covered under this subdivision include, but are not limited to, services relating to oral health and dental care.

# Coordination with existing Opportunities

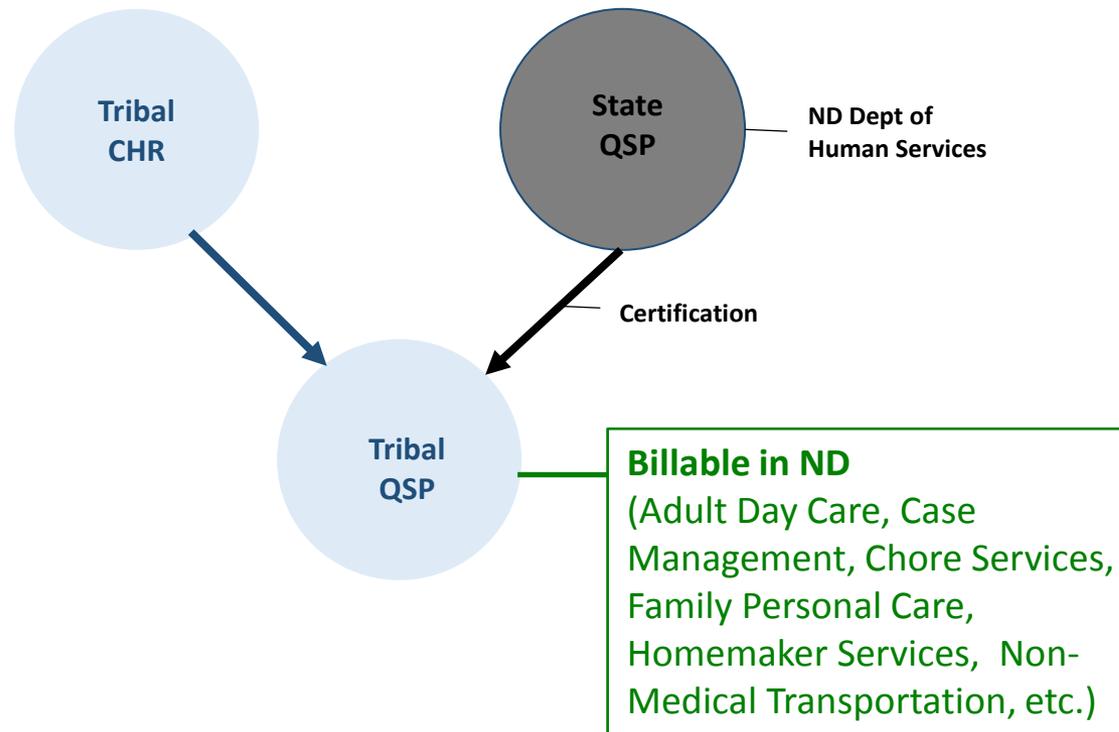
**Community Paramedic**

[https://www.ndhealth.gov/EMS/community\\_paramedicine.htm](https://www.ndhealth.gov/EMS/community_paramedicine.htm)

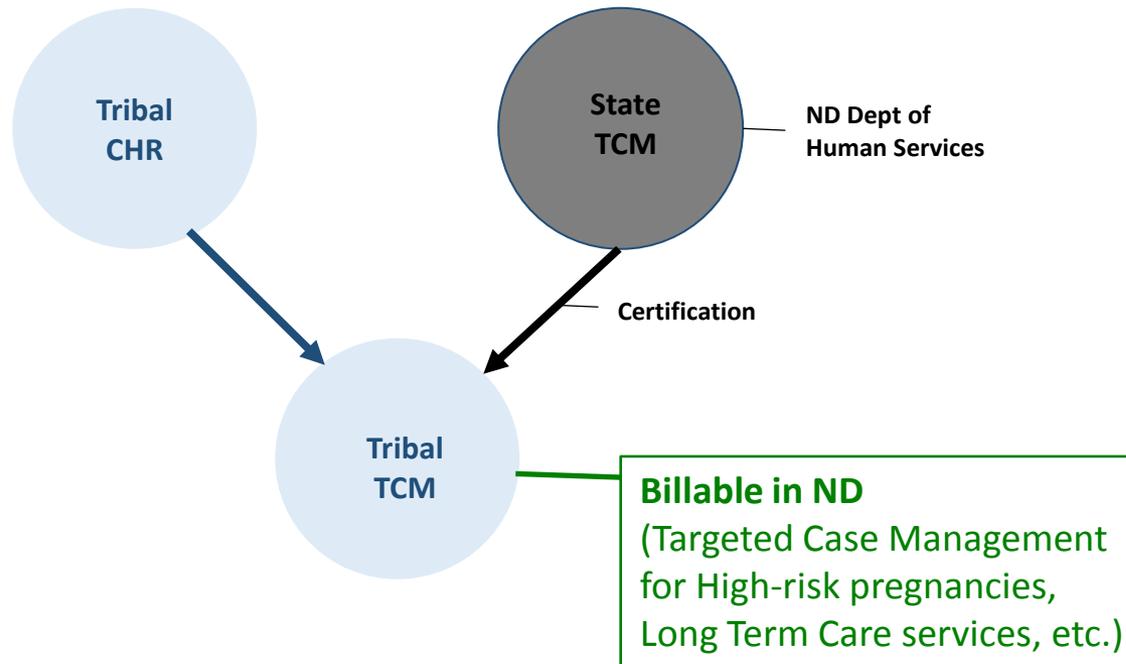
**Qualified Service Provider (QSP)**

**Targeted Case Management (TCM)**

## 1. CHRs and Qualified Service Providers (QSPs)



## 2. CHRs and Targeted Case Managers (TCMs)



## Targeted Case Management (TCM) Services

TCM refers to case management that is restricted to specific beneficiary groups. Targeted beneficiary groups can be defined by:

- disease or medical condition, or
- geographic regions, such as a county or a city within a state.

Targeted populations may include individuals with HIV/AIDS, tuberculosis, chronic physical or mental illness, developmental disabilities, children receiving foster care, or other groups identified by a state and approved by CMS.

TCM and case management are optional services that states may elect to cover, but which must be approved by CMS through state plan amendment (SPAs).

## TCM Services in North Dakota

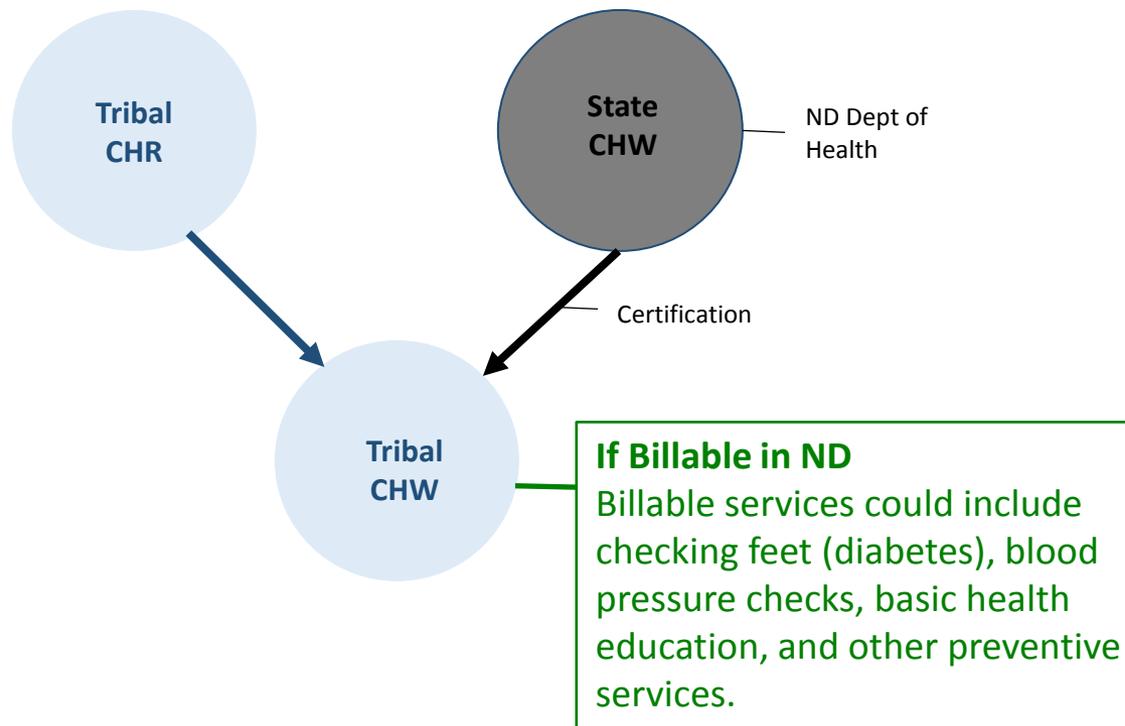
### Beneficiary Groups

- Long Term Care
- High Risk Pregnancies

### Services

- Assessment
- Development of a Specific Care Plan
- Referral and Related Activities
- Monitoring and follow-up activities

### 3. CHR and Community Health Workers (CHWs)



# North Dakota SB 2321

## Goals

- Establish Certified Community Health Workers (CHWs) as a provider-type
- Establish Certification process (ND DoH Division of EMS)
- Establish Medicaid billing process

## Next Steps

- CHW Stakeholder group, including tribal CHRs
- Informing legislators
- Pursue feasibility study funding

# Considerations

## Certification

- Reciprocity with existing CHR certification (IHS)
- Tribal – State relationships

## Sustainability / Medicaid

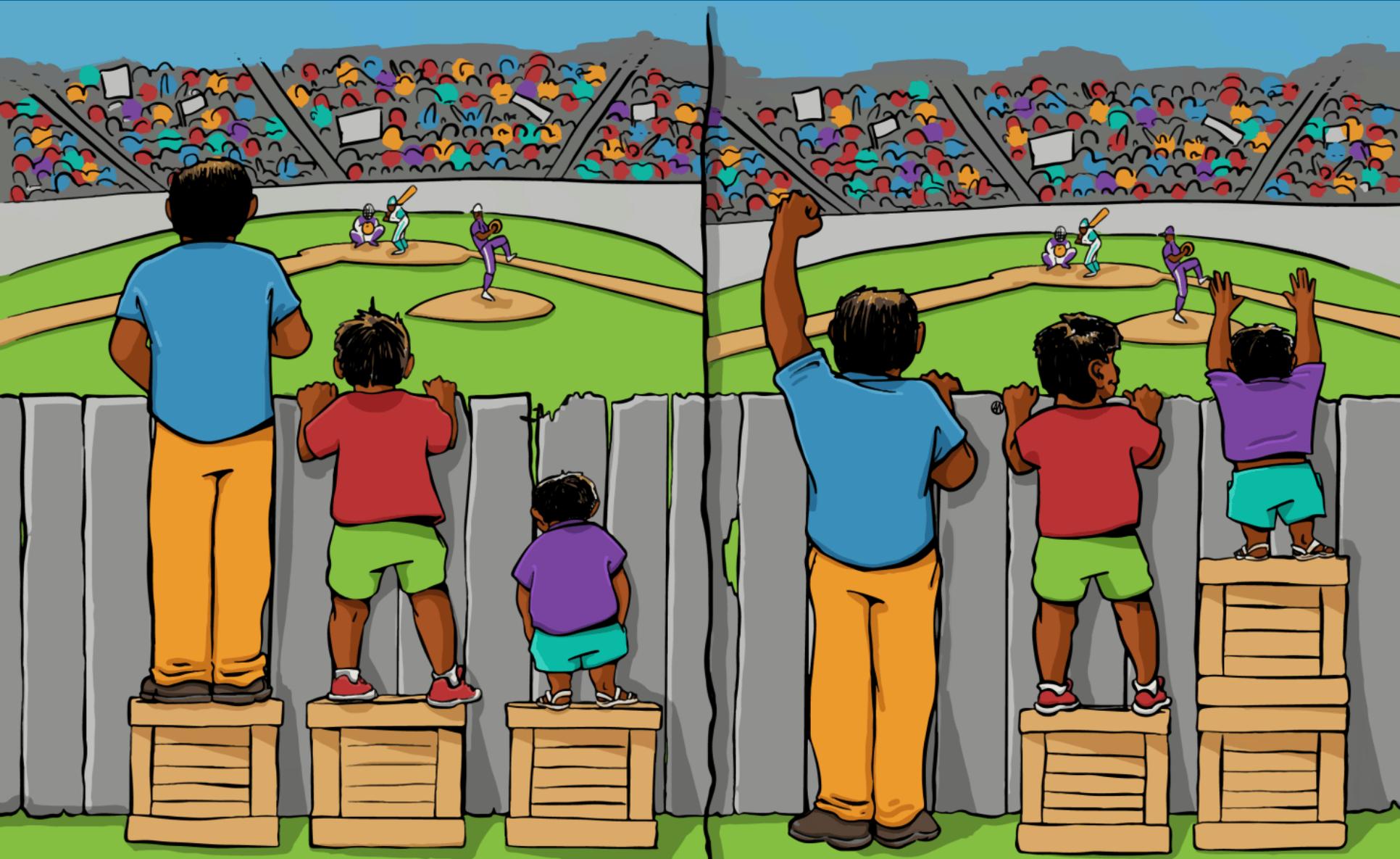
- Tribal Home Health Agencies (CHR, PHN, DME, etc.)
- Encounter Rate?

## Next Steps?

- Need a national movement to expand role of CHWs in AI/AN populations—coordinate with existing efforts

# Health Parity, Equality, Equity

- **Health Parity**—Reduce Disparities vs Promote Parity in health status
- **Health Equality**—Same health status, access to same health services for all (e.g. state Medicaid plan)
- **Health Equity**—Promote social justice in health status by meeting community needs



**EQUALITY**

**EQUITY**

# Resources

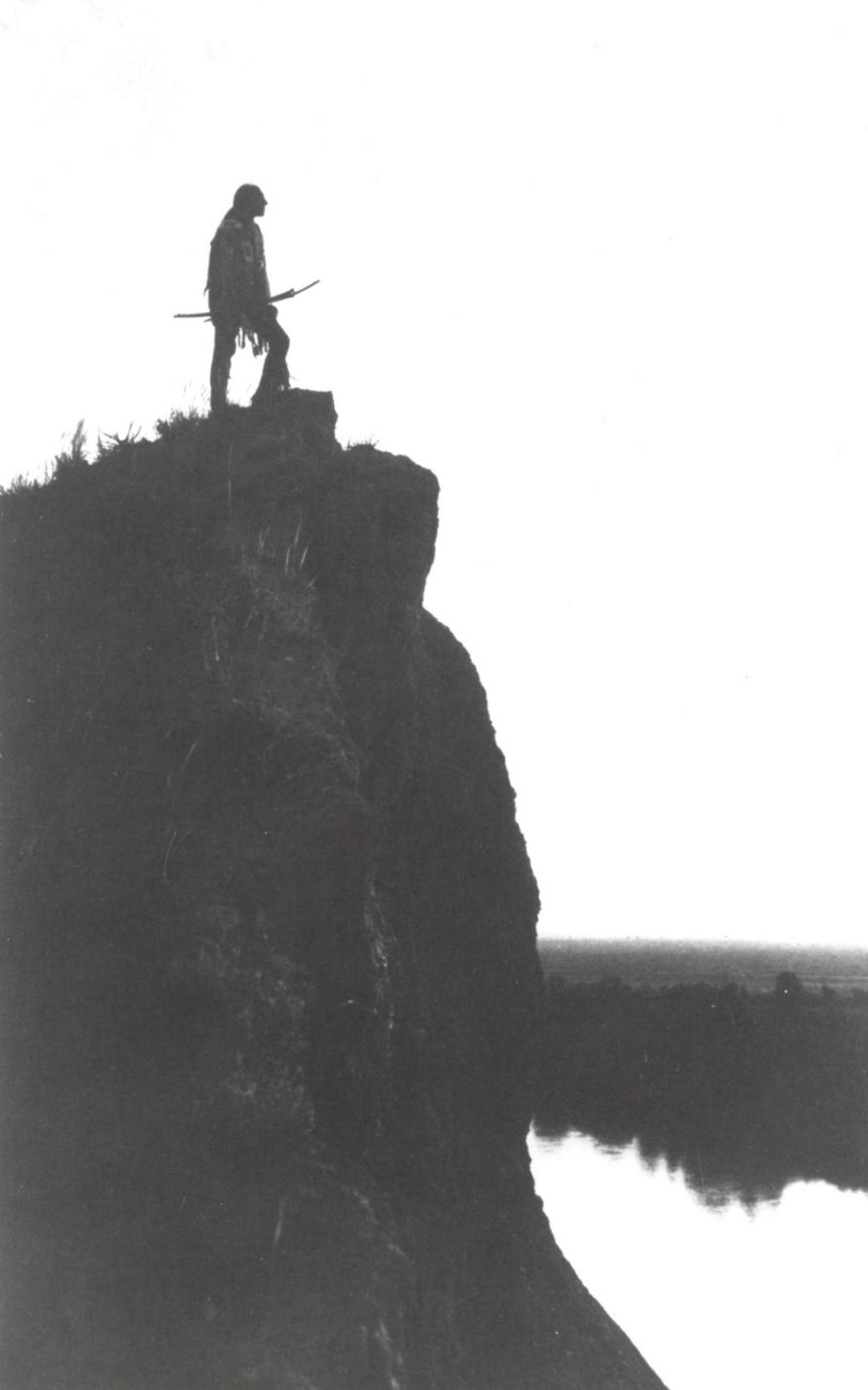
## Association of State and Territorial Health Officials

- <http://www.astho.org/community-health-workers/>

## Minnesota CHW Alliance

- <http://mnchwalliance.org/>

CDC, IOM, ASTHO, NCSL, APHA...



**Donald Warne**

**[donald.warne@ndsu.edu](mailto:donald.warne@ndsu.edu)**