

## Community Health Worker Task Force Meeting

Monday, November 20, 2023

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

Call to Order

### Members in Attendance

Mandy Dendy - Medical Services Division

Chris Price - Public Health Division

Tasha Peltier - Tribal Nations Representative

Amanda Tuura - NDSU School of Public Health

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

Wendy Schmidt - Hospital Representative

Shannon Bacon - Federally Qualified Health Centers (FQHC)

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. Time Frame to accomplish items in [HB 1028](#)

- The Task Force Discussed and developed a Time Frame below:

Nov/Dec 2023: Develop Scope of Work

Q1 2024 Create training and certification requirements.

Q2 2024: Develop reimbursement model

Q3 2024: Develop plan for a ND CHW Collaborative

Q4 2024: Provide Medicaid a state plan amendment

Goal is for reimbursement to be in place by January 2025

- Regarding the Administrative Rules, the Task Force explored developing this information as the group proceeds through the Time Frame. It was suggested that the Administrative Rules could be a work item under each section.
- The Task Force decided on a process regarding decision making. It was agreed that a voting process is needed.

- The Task Force reviewed the proposed time frame and Shannon Bacon made the motion to adopt it.  
Vote: All Aye

## **1. Scope of Practice**

### **Review Task Force member submitted information.**

- The Task Force reviewed member-submitted Scope of Practice documents. Members discussed how CHW scope of work is different from other scopes of work. The example given was reinforcing education provided by other health care professionals versus delivering new health care education.
- The Task Force reiterated the importance of developing language that encompasses all CHW & Community Health Representatives (CHRs). It was also mentioned that the scope of practice should be clear, so Medicaid reimbursement is possible.
- The Task Force briefly discussed what CHR Medicaid reimbursement looks like in other states. It was suggested that another column be added to Mandy's Medicaid chart in the Task Force's Share Point work site showing this.
- Information was shared regarding CHR training through Indian Health Service. It was explained that IHS has their own training. In South Dakota, IHS training is a recognized reimbursement.
- The Task Force discussed CHW Scope of Practice from other states. It was agreed that these practices should stay broad. However, recognizing when to be specific is important. An example of being a "cultural Liaison" was shared and it being one part of "health navigation". The benefit of including "transporting" into the scope of practice was also explored.
- Medicaid was discussed and the Task Force questioned the "fee for service vs "one member per month" reimbursement. Mandy Dendy advised that she hasn't found any state using that model. Most (if not all) states use a "fee for service" unless incorporated into a waiver. North Dakota does not currently have waiver that can be incorporated. Enrolling people and helping them apply is not currently reimbursable. To put this in the Medicaid state plan, it could be incorporated along a couple different paths: First, it could be billed under physician services. Billing under preventive services would require the person to be supervised and recommended by a licensed practitioner. Currently, statute 43-66-01 acts as an outline for purposes of Medicaid reimbursement and this falls under preventive services. It was communicated that most states with CHWs have put this under preventive services as part of their state plan. State Medicaid programs that currently reimburse for CHW services typically do so for preventive services

- falling under 3 buckets: Health education, health navigation, and screening & assessment. Mandy explained that these potentially would not be billable in certain situations if there is a duplication of services where a Medicaid member would already be receiving those services from a provider other than a CHW.
- The Task Force agreed that it is important to not tailor CHW Scope of Practice to what Medicaid will pay. Many states have gone broadly, and still have Medicaid-reimbursable services.
  
  - The Task Force reviewed an example of the C3 project below:
    - \*Cultural mediation among individuals, communities, and health and social service systems
    - \* Providing culturally appropriate health education and information
    - \* Care coordination, case management, and system navigation
    - \* Providing coaching and social support
    - \* Advocating for individuals and communities
    - \* Building individual and community capacity
    - \* Providing direct service
    - \* Implementing individual and community assessments
    - \* Conducting outreach
    - \* Participating in evaluation and research
  
  - It was explained that practices such as assessments (individual and community assessments) might not be covered by Medicaid. Other states have borrowed from the C3 Project knowing that CHW's providing direct service might not be covered by Medicaid.
  
  - The team considered looking at CMS and Medicare as potential point of reference. Shannon advised that she placed information in the CHW Task Force Share Point Site for the Task Force to review.
  
  - The Task Force discussed different health care workers such as Community Paramedic and Behavioral Health Care Coordinators and agreed it is important to provide clear boundaries.
  
  - The Task Force discussed the potential to change Medicaid reimbursement regarding a CHW. Mandy Dendy explained that there are other ways Medicaid could potentially reimburse. For example, the Task Force could propose a Section 1115 waiver. However, this would need legislative money and delay the process significantly. Mandy explained that the quickest way to reimbursement is through a State Plan Amendment. If the Task Force decides that a State Plan

Amendment is the way to proceed, keeping the language general would provide more flexibility for future policy changes.

- The Task Force explored breaking the Scope of Practice into 2 phases: First, the scope of work pertaining to a CHW in North Dakota. Phase 2 would focus on services covered (and not covered) by Medicaid.
- The benefits of gathering everybody's Scope of Practice information were discussed. Also, the Task Force discussed holding a Special Meeting to write the "scope of practice" and bring this to the next regular meeting on December 18, 2023.
- The Task Force discussed holding a special meeting on Dec. 11<sup>th</sup> @ 12pm. This meeting will be open to all Task Force members and the public. This will be subject to open meeting requirements so it will need to be posted.
- Tasha Peltier made the motion that the Task Force hold a Special Meeting with the intention of developing language pertaining to the CHW scope of practice and bringing this to the Regular meeting on Dec. 18<sup>th</sup> 2024. Shannon Bacon seconded the motion.  
Vote: All Aye.
- The Task Force decided it would be best to set a date as to when everybody's individual information regarding the Scope of Practice should be entered into Share Point. The Task Force discussed having a deadline for this information to be entered.
- Wendy Schmidt made a motion to make Dec. 4, 2023 the deadline to enter information into the Share Point. Mandy Dendy seconded the motion.  
Vote: All Aye
- The Task Force briefly discussed CHW education and training. The group was advised to not rely on Medicaid State Plans. Also, the Task Force explored the importance of involving CHW's in this process.
- The Regular meeting dates in January and February of 2024 were reviewed and the group discussed alternative days. Mandy Dendy made the motion to meet the 2<sup>nd</sup> Monday in January and the 2<sup>nd</sup> Monday in February of 2024 (i.e., January 8<sup>th</sup> and February 12<sup>th</sup> 2024). Wendy Schmidt seconded the motion.  
Vote: All Aye
- Shannon Bacon suggesting that each meeting start with a CHW success story. The Task Force agreed, and Shannon will bring this to the next meeting.

**The meeting ended with the following tasks and agenda items for 12/11/2023:**

- Mandy will add a CHR column to the Medicaid CHW Coverage chart to explore CHR reimbursement in each state.
- Consider writing the Community Health Worker scope of practice broadly to allow for flexibility and adaptation by different agencies or organizations.
- Task force members need to submit their scope of practice to the shared document by December 4th.
- Brian will contact Tyler Kientopf and let him know about the Dec. 4<sup>th</sup> deadline.
- Wendy will provide contact information for CHWs from Sanford and CHI.
- Shannon will email information to Brian so he can invite CHWs.
- Tasha will touch base with CHRs and Tribal Health Directors about the next meeting.
- Brian will compile all the submitted scopes into a single document.
- A special meeting will be on Dec 11<sup>th</sup> @ 12pm to review and discuss the compiled scopes before the next regular meeting on Dec 18<sup>th</sup> @1pm.
- Shannon Bacon will bring a CHW success story to start the next meeting.

Adjourn 2:30pm