

Community Health Worker Task Force Regular Meeting Monday, April 15, 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.

New member Jolynn Rising Sun was welcomed to the Task Force. Jolynn is the new Hospital Association representative. Wendy Schmidt, the previous representative, has resigned her seat.

Discussion Items:

- I. Guest Speaker Monica Haugen – Behavioral Health & Human Services, 1915(i) Medicaid State Plan Amendment Behavioral Health Supports and Services overview

Monica was asked to speak to the Task Force regarding potential overlap with peer support workers. Peer support is one service within the Medicaid 1915(i) array of behavioral health services and supports.

Monica spoke to the Task Force about the 1915(i) and advised that they do not have a “curriculum” but different training requirements and different qualifications for each of the service providers under the 1915(i). There is a work group looking to develop a “learning management system” that will house all the different training

requirements for different provider types. Monica questioned if this would be a good platform for CHWs? To have a general idea of the type of training, Melissa Reardon asked if the Task Force could get a draft or copy of this document for review? Monica will see about forwarding this information. Shannon Bacon indicated that she is interested in an opportunity where curriculums complement each other well.

Monica explained that 1915(i) providers attest to having certain qualifications to enroll in ND Medicaid. This “attestation” is given to provider enrollment so when agencies are asked for this documentation, they have it for audit purposes. Monica indicated that basic qualifications need to be met prior to enrolling. If these are met, there isn’t a lot of other vetting required by Medicaid.

Mandy Dendy was asked to elaborate. She connected peer support specialists (I & II) with community health workers by explaining that it’s written into ND Century Code/ND Administrative Code that both peer support specialists and community health workers cannot practice as those professionals without obtaining required certification. Per ND Century Code 43-66-01 subsection 2, CHW means “an individual certified under this chapter to provide preventive services”. Mandy explained that an individual cannot be identified as a CHW unless certified under this chapter. It was mentioned that Medicaid cannot pay for CHW services unless the individual is certified as a CHW. Monica advised that this holds true for Peer Support Specialists as well because they cannot bill unless they are certified Peer Support Specialists.

Monica explained how 1915(i) peer support certification works. The certification process ensures applicants have the necessary training, experience, and letters of recommendation are considered for certification.

Melissa Reardon commented on oversight relating to the Task Force making recommendations on an entity such as a CHW Board. In addition, she would like the Task Force to be able to make recommendations as to who is on the Board because they will make determinations about CHW certification. Melissa also talked about the possible need for staff to administer CHW certification.

The Task Force discussed whether it’s worth exploring and utilizing existing resources in the development of the CHW profession. Whether peer support services should be included as peer support services was discussed. Some Task Force members encouraged inclusion of peer support within the CHW scope of practice/reimbursement. This is important to tribal communities.

Mandy advised that Peer Support Specialists cannot be reimbursed as a CHW for doing peer support work. She explained that the CHW scope can be broad and even include aspects of Peer Support services, but Medicaid cannot reimburse for duplicative services. The CHW will not get reimbursed for doing Peer Support work because it will be considered duplicative coverage. Mandy suggested spending time on things specific to CHWs and not focusing on other professions. She explained

that the CHW profession is unique and questioned the benefit of “borrowing” stuff from other professions.

Shannon advised that stakeholders are requesting to see “HHS coordinated across these programs”. Shannon questioned the idea of a “career ladder” and what 1915i offers in the curriculum and how these build from that? Or maybe how this fits together? Mandy advised that more training does not equate to better Medicaid reimbursement and questioned the purpose of drafting a career ladder. From her research, the CHW is an entry level position.

Rebecca Quinn offered information regarding Peer Support Specialists and CHWs. She advised that these “scopes” could overlap. She explained that there have been conversations that use CHW and Peer Support terminology synonymously on a national level. Rebecca stated that she thinks there is some overlap. She questioned what is reimbursable under Peer Support work and what is reimbursable as CHW work? Rebecca thinks there is a difference in the services when it comes to billing Medicaid. Peer support is currently available as a Medicaid 1915(i) state plan service for qualifying individuals with certain behavioral health diagnoses.

Public comment

Heather Skadsem-works for UND, under the National Research Center, Native American Aging. Heather explained that she is a former CHR data coordinator. She advised that for qualifications, you need a CNA certification, CPR & First Aid. She also expressed concerns about different professions and what could be reimbursable under the ND state plan. She also questioned if CHWs are going to be independent or from agencies? Melissa Reardon advised that the Task Force has yet to address this issue.

Terry Dwelle commented on the importance of identifying the board or supervisory group and linkage of other team members (i.e., nurses, doctors). He advised that this will be critical to help to define the scope of practice. He also stressed the importance of a “scope enhancement” as this is needed to meet the needs of rural communities.

II. Timeline discussion

Brian reviewed a proposed task timeline with the Task Force and there was confusion about “finalizing the Administrative Rules”. It was explained that the Task Force is to provide HHS a proposed draft of the administrative rules, not actually implement the rules. Once HHS has the draft, administrative rules will be reviewed by the legal team who ensures nothing conflicts with statute. Considering this process, it is possible that the administrative rules will not be implemented until the fall of 2025.

Rebecca Quinn suggested that the timeline wording be changed to from “finalize” to “draft” the administrative rules.

Tyler Kientopf made a motion to approve the timeline with the changes Rebecca suggested. Mandy Dendy seconded the motion.

Discussion on the Motion to Approve the Timeline:

Tasha Peltier questioned the timeframe to complete the outlined tasks. She asked if it is necessary to rush through the process if the administrative rules will not be ready by the 2025 session? Tasha stated that rushing through the process “doesn’t give this the time it deserves”. She questioned if the Task Force is reviewing data and doing enough regarding community engagement? Tasha explained that these are necessary to have a “good grasp on what we need to build”. She also questioned if the Task Force is able provide feedback to the legislature about this being a realistic timeframe to complete what is required?

Brian advised that the Task Force is required to complete what is outlined in HB 1028 and they need to move forward and complete the tasks. Regarding upcoming work, he suggested the Task Force be mindful of both public comment and having data to support decisions.

Tyler Kientopf stated that it would be beneficial to have the administrative rules in “draft form” prior to the legislative session because this provides a framework in case additional CHW legislation is proposed such as an appropriation for an administrative position. This would also give the Task Force a good idea about administrative staff to help with certification.

Mandy addressed Tasha’s concern about the timeline and asked if anything was missing? Tasha indicated that she feels the Task Force missed some initial opportunities to discuss the needs of North Dakota. For example, would it be appropriate to identify the “gaps” not only in health outcomes but with our staffing? She stressed the importance of data when making changes to the law.

The Task Force discussed Tasha’s concerns and concluded that it is important to identify and seek relevant information prior to meetings and assign someone to bring this back for review. Going forward, they seemed to agree that a more “decisional” process is needed as this will help “maximize” meetings. It was suggested that the Task Force could accomplish more by “dividing and conquering” and gathering information prior to meetings vs. using the meetings as a learning time.

Shannon Bacon advised that she believes attention to community input is important and appreciates Tasha bringing it back to that. Shannon asked if it would be beneficial if Tasha could present information from the CHR symposium? Tasha indicated that she will be giving an update at this symposium and will bring information back to the Task Force.

Tyler Kientopf called the question to end discussion.

Roll Call vote:

Shannon Bacon: Aye

Rebecca Quinn: Aye

Melissa Reardon: Abstained

Tash Peltier: No

Mandy Dendy: Aye

Chris Price: Aye

Tyler Kientopf: Aye

Jolyn Rising Sun: Did not respond.

Motion Passed: 5-1 with 1 abstaining, 1 member not responding.

III. Training and Education

Shannon provided a summary of the work group meeting on April 11th. She advised that members left the meeting with specific assignments.

- Shannon is in the process of looking at the training and competencies from other states.
- Tasha is going to obtain information about the Community Health Representative (CHR) curriculum.
- Melissa is going to create a draft of a “tiered” training approach. Rebecca will help Melissa depending on open meeting laws.
- Tasha advised that she is hosting a “listening time” at an upcoming CHR symposium and will bring information back to the Task Force.

Brian updated the Task Force by explaining that there is a concern with the length of time required to complete MN & SD’s training. The CHR training has a “basic level” training with a specialty option. The work group feels both the CHR training and competencies need to be investigated.

Tasha elaborated and advised that stakeholders do not want an “unnecessarily lengthy program”. If the scope is narrow, it doesn’t make sense to have a long, extensive training. Tasha indicated that the group is trying to “balance this out”.

The Task Force was asked if they prefer a “basic approach” regarding training with the opportunity for specialized training in the future? Shannon advised that she likes the direction but needs to discuss with her constituents. Melissa advised that this would be agreeable from the public health perspective.

It was asked if the work group has clearly defined the competencies? This has not been done because they intend to compare the MN competencies with those of the CHR curriculum. Mandy asked if identifying competencies can be the first thing the

work group does? She explained that this could allow for things to build on each other and help create the “basic” training? Shannon advised that the CHR competencies will be compared to the MN & SD competencies during the work group meeting on May 2nd. In addition, the work group’s goal is to identify competencies and create an outline of what needs to be in the training/education draft. Brian advised that work group assignments need to be done individually otherwise they are subject to open meeting laws. The Task Force requested that Brian send this information to the group via email.

CHW Specialty discussion:

Melissa stated that the Task Force addressed the “tiered” approach earlier in the meeting and provided a basic idea of the “CHW specialty” topic. Melissa is going to create a draft of the tiered approach that will be presented to the Task Force in the next meeting.

Public Comment:

Allison Wanner advised that she prefers the idea of looking into the CHR module. She stated that the CHW idea came from the CHR program. She advised that it is important to explore the CHR program and what they require for training.

Final Thoughts:

Mandy requested to make a motion to accept the outlined core competencies as the “draft of core competencies”.

Shannon requested clarification by asking if there would be a later vote to finalize them? This was confirmed by Mandy. If the Task Force is able to “crosswalk” the draft competencies with the CHR competencies, Shannon stated that she will support the motion.

Tasha questioned the purpose of the motion? Mandy advised that it would be beneficial for the public to be aware of the competencies being considered. She explained that it is difficult for the public to provide comments if they are not given concrete items to comment on.

Melissa questioned if the intention is to pass the competencies as a draft but realizing that public input is needed? Also, she suggested using caution if it’s not community driven. Melissa stated that she would be “OK” with voting if the intention is to obtain public input.

Mandy Dendy made the motion of the Task Force to accept the MN core competencies listed below:

- Roles, Advocacy and Outreach
- Organization and Resources

- Teaching and Capacity Building
- Legal and Ethical Responsibilities
- Coordination and Documentation
- Communication and Cultural Competency
- Health Promotion Competencies
- Practice Competencies

Shannon Bacon seconded the motion.

Roll Call Vote

Chris Price-Aye

Tasha Peltier: Aye

Melissa Reardon: no answer

Rebecca Quinn: Aye

Shannon Bacon: Aye

Tyler Kientopf: Absent

Mandy Dendy: Aye

Jolynn Rising Sun: Aye

Motion passed: 6-0, 1 member absent, 1 member not responding.

This meeting ended with the following tasks and agenda items:

- Brian will email the Task Force about public meeting laws concerning work groups.
- Brian will post the timeline on the CHW website for suggestions from the public.
- Shannon will compare CHW training in other states and bring this back to the May 2nd work group.
- Tasha will obtain information regarding the CHR curriculum.
- Tasha will present information from the CHR symposium in the next regular meeting.
- Melissa will create a “tiered” training draft for review.

Adjourn: 2:27pm CST

Date Posted: 4/22/24

Date Revised: