

# Meeting Minutes

## Community Health Worker Task Force Certification & Regulation Workgroup Thursday March 7, 2024

Call to Order

### **Members in Attendance**

Chris Price – Division of Public Health

Tyler Kientopf – EMS

Tasha Peltier – Tribal Nations Representative

Mandy Dendy – Medical Services Division

Melissa Reardon – NDSU State University School of Public Health

### **Facilitator**

Brian Barrett - APT, Inc

### **Discussion Items:**

The meeting began by sharing thoughts about certification and regulation as it relates to the Community Health Worker (CHW). Some members shared information and ideas about standardized tests but concluded that this would be too difficult to implement because there is no national proficiency test. North Dakota would have to develop its own test or borrow content from another state to create one.

Members explored proof of competency (i.e., passing test score) versus proof of completion of training and what Medicaid would prefer. It was explained that Medicaid would typically require some sort of professional license from a regulatory authority. For certain types of health care providers, ND Medicaid has the authority to define qualifying education and/or experience. Mandy gave the example of behavior modification specialists for ND Medicaid's behavioral health rehabilitative services. Behavior modification specialists must either have a master's degree in a certain number of defined fields or a bachelor's degree in those same fields along with two years of supervised work experience by a licensed and qualified professional. There is no licensure or certification for behavior modification specialists in ND. ND CHWs, per HB 1028, must have a certification procedure and cannot call themselves CHWs without certification per [N.D.C.C. 43-66-01\(2\)](#). Per Mandy's research, under Medicaid coverage we typically see community health workers as part of a care team with a professional

overseeing the care and so CHWs would not be considered independent practitioners for Medicaid purposes at least.

There doesn't seem to be a CHW national exam or training. Instead, states seem to offer their own training and have a number of entities that certify CHWs – state health department (or equivalent agency), CHW associations/collaboratives, and certification boards. Most states seem to offer certification through the state health department. See resource: [State Approaches to Community Health Worker Certification](#). Tasha Peltier explained that CHRs take a basic training course and there is an option to take a test in place of this basic course.

It was questioned if the Task Force should certify those who complete a CHW program from technical college? The group discussed this topic and relayed information from the March 5<sup>th</sup> Education and Training work group special meeting that focused on competencies. Members reviewed competencies listed under the Minnesota Department of Health and agreed that cultural awareness training tailored to North Dakota would be beneficial. The North Dakota Department of Health and Human Services (DHHS) offers “ND Train” which has several “models” with one focusing on cultural awareness. This will be discussed in more detail during the March 18<sup>th</sup> regular meeting by the Education and Training work group.

### Reciprocity

- Members felt it would be appropriate to offer reciprocity if specific competencies match what is required by North Dakota. During the discussion, the group questioned if reciprocity language should be in policy or set in the ND Administrative Rules? The group tabled the reciprocity discussion for a future meeting.

### Overseeing Certification

- The group discussed CHW certification and if it should fall under DHHS or if it should be overseen by an existing state board? House bill 1028 indicates “the department shall establish and implement a method for certifying community health workers”. Reasons for DHHS overseeing certification were discussed. Members agreed that certification would be best served by the Division of Public Health.
- The Task Force discussed putting certification language in policy or outlining it in the North Dakota Administrative Rules? Putting language into policy will require more employee time/oversight within the certifying body (if it's HHS) and at present, there is no funded or dedicated position for CHW certification/regulation. Outlining basic certification requirements in the ND Administrative rules seems to be the best option.

- Since DHHS will likely be housing CHW certification, the process should be clear and concise. Identifying uniform training/education requirements will be important for not only the certification process but also for Medicaid purposes. The group agreed that requiring a cultural awareness component and accepting CHR certification would be appropriate. Certification should reflect the minimum level of competency.

### Certification Requirements

- Ensuring CHW training is uniform is important for Medicaid purposes. Medicaid will need a minimum level of competency to ensure its members receive quality CHW services, regardless of their location in the state. The group agreed that the following considerations are important:

Who's doing the training?

What is the Task Force requiring for certification?

Who can provide the education?

What do CHW's need to show for certification?

- Thoughts concerning the certification management process were shared. It was questioned if DHHS can manage the certification process without appropriation? Some members felt the Task Force is responsible for figuring this out and making recommendations.
- The group discussed North Dakota creating its own training program. The group agreed that this would be ideal but not likely to happen for the next several years. Members questioned if there is an expectation for a community college or private college to develop a CHW curriculum? If so, is it expected that this be appropriated with state funds? Mandy Dendy proposed the idea of having somebody present information concerning this issue in a future meeting.
- It was questioned if there is enough interest in the CHW profession for the creation of a college program? Who will fund development or incentivization of development of this program? This generated a discussion about South Dakota's CHW program which currently has 200 CHWs. The South Dakota CHW program started in 2015 and the first South Dakota CHW started working in 2022. South Dakota processed its first Medicaid claim in 2023. Mandy Dendy offered to connect the Task Force with an individual who can provide information about how South Dakota created their CHW program. The Task Force agreed to re-visit this idea after the March 18<sup>th</sup> meeting.

- The group discussed other aspects of certification such as the CHW age limit. All seemed to agree that 18 would be adequate. Individuals younger than 18 would present numerous challenges.
- There was a brief discussion about how the Division of Public Health would handle CHW certification (e.g., paper applications vs using a database)? Chris Price indicated using a database would be ideal and could possibly be integrated with an existing application.
- At the end of the meeting, the group briefly discussed renewals and the frequency for re-certification. Some members indicated every 2 to 4 years would be appropriate. It was mentioned that quality services providers (QSP) need to renewal licenses every 2 years which created pushback from agencies because the process was very burdensome. The group seemed to like having re-certification every 4 years but decided it would be best to review what other states are doing.

Adjourn: 10:29am CST  
Date Posted: 3/14/24