Advanced Medical Home (AMH) Technical Advisory Group (TAG)

Meeting #26:
NC Medicaid's CHW Strategy

Tuesday, March 14, 2023

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AMH TAG Member Welcome and Roll Call

Name	Organization	Stakeholder
C. Marston Crawford, MD, MBA	Pediatrician Coastal Children's Clinic – New Bern, Coastal Children's	Provider (Independent)
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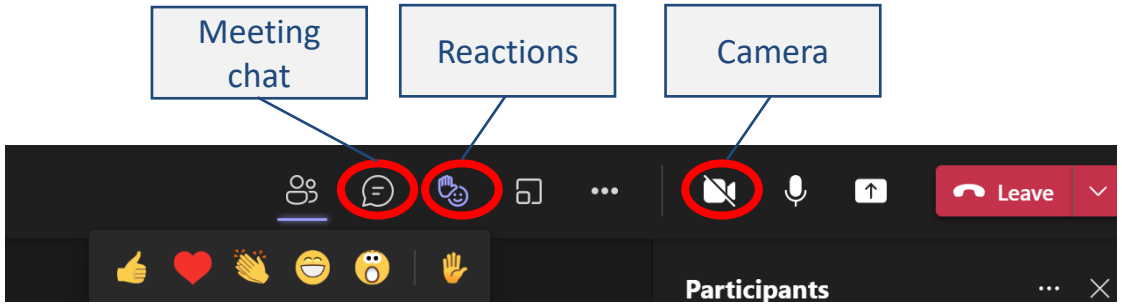
Michael Ogden, MD	Chief Medical Officer Blue Cross and Blue Shield of North Carolina	Health Plan
Carol Stanley, MS, CPHQ	Director, Center for Quality Improvement and Practice Support	AHEC
Eugenie Komives, MD, Keith Caldwell, and Zach Mathew	WellCare of North Carolina, Inc.	Health Plan
William Lawrence, MD	Chief Medical Officer Carolina Complete Health, Inc.	Health Plan
Robert Rich, MD, and Atha Gurganus	United	Health Plan
Jason Foltz, DO	Medical Director, ECU Physicians MCAC Quality Committee Member	MCAC Quality Committee Member
Keith McCoy, MD	Deputy CMO for Behavioral Health and I/DD Community Systems, Chief Medical Office for Behavioral Health and I/DD	DHHS

Meeting Engagement

We encourage those who are able to turn on cameras, use reactions in Teams to share opinions on topics discussed, and share questions in the chat.



Agenda

Today, we will provide an overview of and collect feedback from TAG members on the Department's intended strategy for leveraging the growing number of Community Health Workers (CHWs) in North Carolina to help achieve the goals of Medicaid transformation. The document released February 17th outlines the Department's vision to further integrating CHWs into Medicaid managed care. The Department is seeking stakeholder comments on this strategy by March 15th.

- **Introduction and Background on CHW Deployment in NC Medicaid**
- **Goals of the CHW Effort in North Carolina Medicaid**
- **The Department's Strategy for Incorporating CHWs Into Managed Care Moving Forward**
- **Next Steps**

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There will be planned discussion on specific questions on the various components of the Department's strategy throughout the meeting, concluding with a general discussion to collect TAG member feedback.

Please see the Appendix for additional detailed information on CHW Use Cases; Training and Certification; Monitoring and Plan Oversight, and other relevant information.

Introduction and Background on CHW Deployment in NC Medicaid

One approach to achieving the goals of Medicaid Managed Care is to support local capacity to overcome persistent health inequities by empowering and deploying community health workers (CHWs) and other care extenders to improve population health and support equitable health outcomes.

- In North Carolina, a **growing workforce of CHWs currently work in both managed care and NC Medicaid Direct and can build connections between health and human services systems and communities**. CHWs also serve as part of a broader team reaching and engaging Medicaid members and supporting their access to health and health-related services.

- Literature on CHWs has established that they can **improve health care engagement, risk management and clinical outcomes, as well as facilitate community-clinical linkages**, which all can ultimately lead to some system-level savings as enrollees access services earlier, receive preventive care and generally reduce members' acute care needs (e.g., crisis and emergency services).

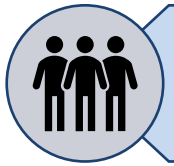
The American Public Health Association defines CHW as a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served.

These findings inform the Department's commitment to and approach for its CHW strategy for Medicaid.

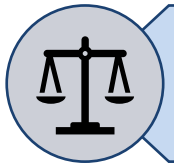
See *Community Health Worker Resources*, *Policy Evidence Assessment Report: Community Health Worker Policy Components* and *Advancing Health Equity Through Community Health Workers and Peer Providers: Mounting Evidence and Policy Recommendations*.

Goals of the CHW Effort in North Carolina Medicaid

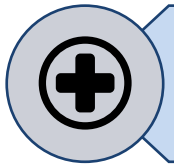
Overview



Further integrate CHWs as trusted care team members to engage members.



Promote health equity.



Help facilitate access to high-quality care and close gaps in care.

Align with the broader CHW workforce infrastructure under development in North Carolina.

Support local, community-based deployment.

The Department's Strategy for Incorporating CHWs Into Managed Care Moving Forward

Considering the number of CHWs currently in North Carolina today, along with recent efforts to strengthen CHW training and certification programs, the Department seeks to further leverage this important group of individuals to serve Medicaid members through a more comprehensive strategy.

Components of the CHW Strategy :

					
Deploying CHWs to Reach Specific Communities and Target Populations	**Supporting Efforts to Ensure CHWs Are Local to the Communities They Serve**	**Providing Health Plans With Flexibility to Use CHW Services to Improve Health Outcomes for Select Target Populations**	**Testing a Model That Considers Employment and Contracting of CHWs at a Ratio of CHWs to Health Plan Members**	**Requiring Minimum Training and Development for CHWs Who Support NC Medicaid Members via this strategy**	**Developing Bi-Directional Feedback and Monitoring Processes**

Funding Considerations for Deployment of the Department's CHW Strategy

The Department encourages health plans, providers, community-based providers (CBOs) and other entities exploring or already leveraging CHWs to pursue components of this proposed strategy now in advancement of community-centered, equitable care for Medicaid members. Certain components of the strategy are already supported through existing funding, whereas other components are contingent upon additional funding appropriations.

The next slides will outline each of the components of the CHW Strategy in further detail and will present specific questions for TAG member feedback.

Deploying CHWs to Reach Specific Communities and Target Populations

In acknowledgment of CHWs' local focus and ability to improve health outcomes and improve health equity, the Department intends to request that health plans and their contracted network providers and CBO partners leveraging CHWs focus on opportunities to better serve the following populations of high interest to the Department, including:

Medicaid members not engaged in the health care system or members underutilizing Medicaid services, particularly from communities that have been historically marginalized due to systemic discrimination.

Maternal and pediatric populations.

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- **How do TAG members think the identified populations can benefit from CHW outreach and engagement?**
- **Are there any other communities or populations in Medicaid that would benefit from working with CHWs?**

Supporting Efforts to Ensure CHWs Are Local to the Communities They Serve

The Department's strategy proposes to set requirements on localness and broad hiring parameters to ensure that CHWs hired by health plans or network providers or CBO partners reflect the communities in which they serve.

CHWs serving the Medicaid population must (i.e., will be required to) or should (i.e., preferably will) meet the following criteria:

- ✓ ***Must*** hold existing community relationships and maintain knowledge of local resources for the geographic area they serve;
- ✓ ***Must*** meet at least one of the following parameters related to proximity:
  - Reside in the county or neighboring county to where they work; and/or
  - Spend an overwhelming majority of their time in the field as opposed to an office ("four walls");
- ✓ ***Should*** possess shared experience (e.g., growing up in the same community);
- ✓ ***Should*** possess lived experience (e.g., personal knowledge of a mutually understood event or experience such as homelessness, history of substance use);
- ✓ ***Should*** be a student of the community by seeking community feedback and understanding the community's social structures;
- ✓ ***Should*** have the ability to overcome common challenges and barriers to building trust with community members; and
- ✓ ***Should*** be comfortable engaging and interacting with members of the community in a culturally appropriate manner.

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- **Do TAG members have feedback on these criteria and the Department's approach to ensuring CHWs are local to the communities they serve?**
- **How is this local connection preserved in the work CHWs do as a part of your organization now?**
- **What are additional suggestions or ideas you have for emphasizing the local connection within the AMH program structure?**

Providing Health Plans With Flexibility to Use CHW Services to Improve Health Outcomes for Select Target Populations

The CHW strategy proposes to offer health plans and their provider and CBO partners flexibility to use CHW services to best meet the needs of the target population. The Department is not intending to prescribe a list of activities that CHWs working in Medicaid can exclusively provide to support target populations.

The Department expects most CHW activities would fall into the three primary areas below:	
Care Management	• The Medicaid care management model **emphasizes the importance of effectively managing patients' medical, social and behavioral conditions** through a team-based, person-centered approach.
Wellness, Prevention and Coordination	• **Opportunities exist for all members**, whether they are receiving care management or not, **to engage in preventive, health-promoting activities (e.g., health screenings)**.
Healthy Opportunities and Social Drivers of Health	• CHWs **can connect members to needed social drivers of health (SDOH) services (e.g., clothing vouchers or housing navigation, support, and sustaining services).** • CBOs might **employ CHWs who deliver services directly, or CBOs may serve as a bridge organization** between health care and social services sectors in which CHWs engage members, connect them to services in the community and bring them into care relationships (for example, through the Healthy Opportunities Pilots operating in particular geographic regions of the state).

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- **Do the three primary areas support the deployment of CHWs in AMH practices?**
- **Do the three primary areas seem to be the right fit for advancing the goals of Medicaid Managed Care, specifically advancing whole-person care? If not, which other activity area(s) would you recommend?**

*See the **Appendix** for more information related to CHW use cases.*

Testing a Model That Considers Employment and Contracting of CHWs at a Ratio of CHWs to Health Plan Members

A core component of the Department's proposed strategy is to implement a staffing ratio to ensure a minimum standard for CHW hiring and deployment. This ratio is meant to set a level of CHW employment/staffing for health plans to meet; the ratio is not meant to specify the caseload for a CHW (i.e., how many members the CHW supports).

- Health plans can **directly employ CHWs** to meet this ratio and **could also "embed"** health plan-employed CHWs at provider or CBO sites.
  - This approach could work well for health plans that have a significant number of members served by one provider or CBO.
  - However, embedding a CHW may not be ideal in all situations, particularly when a provider or CBO does not have enough members to justify one CHW full-time equivalent (FTE).
- Health plans can contract directly with CBO's (who already employ CHWs) to leverage their CHWs and services.
- Health **plans will be encouraged to provide funding** to providers or CBOs to allow them to braid or blend from multiple plan partners.

The Department will set the proposed ratio based on an assessment of member needs, recent estimates of the CHW workforce in North Carolina, stakeholder feedback and a review of successful approaches from other states.

*See the **Next Slide** for an example of how this ratio could be set and applied in Standard Plans.*

Example: Standard Plan Proposed Ratios

The Department is considering an initial approach to set the ratio at one CHW full-time equivalent (FTE) to every 5,000 members enrolled in a Standard Plan. The Department proposes to count CHWs employed at providers or CBOs as 1.25 FTE for purposes of the ratio calculation. Standard Plan-employed CHWs would count toward the overall ratio of 1:5,000 described above but would not be included in the enhanced ratio calculation.

- For example, if a Standard Plan has 500,000 members, the Standard Plan would need to deploy 100 CHWs to serve its members if all CHWs were hired by the Standard Plan.
    - Alternatively, the Standard Plan could employ 25 CHWs directly and contract with providers and CBOs for 60 CHWs; the Standard Plan would meet the target with 85 CHWs.
- Since CHWs employed at the local level count for 25% more in the ratio calculation, the Standard Plan would meet the staffing requirement (25 Standard Plan-employed CHWs * 1 FTE + 60 local-level employed CHWs * 1.25 FTE = 100 CHW FTEs total).
- In the context of the Standard Plan population, one CHW FTE to every 5,000 Medicaid members equates to approximately 350 CHWs in total employed in service of this CHW strategy (excluding the enhanced ratio calculation discussed above).

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- **Is this structure of Standard-Plan employed CHWs vs. CHWs employed at providers or CBOs clear?**
- **Does this ratio encourage local deployment of CHWs within AMH Tier 3 practices?**
- **What else should the Department consider to support providers and AMH Tier 3 practices in deploying CHWs?**

Requiring Minimum Training and Development for CHWs Who Support NC Medicaid Members

The Department proposes that health plans and their providers or CBO partners that deploy CHWs on behalf of this strategy would need to complete one of the following to ensure that CHWs have been trained on the core competencies of their role:

- **Complete the NC Community Health Worker Standardized Core Competency Training (SCCT) test with a passing score of at least 80%; and/or**
- **Become certified with the NC CHWA via the Legacy Track Certification.**

- Beyond training and certification requirements, the Department also **proposes that all CHWs working in Medicaid would need to meet an age minimum (e.g., 18 years or older).**
- The Department also proposes to establish a **list of required training** that all CHWs must complete in the future.

The Department encourages health plans, providers, CBOs and other employing entities working with CHWs to consider how they may plan to scale up training and development activities.

*See the **Appendix** for more information related to CHW certification and training.*

Developing Bi-Directional Feedback and Monitoring Processes

To ensure deployment of CHWs is in alignment with the parameters of this strategy, the Department will require health plans to submit a CHW and Member Engagement Plan for review and approval. The Department will provide a template for plans to complete as well as adequate time between the development of the template and the submission date to provide plans with the timeline required to contemplate their approach.

Example CHW and Member Engagement Plan

1. An overview of the health plan's CHW program and how it aligns with the Department's strategy.
2. How proposed CHW activities fall into the three proposed primary areas.
3. Information on where CHWs are expected to be employed and the percentage meeting local-level standards, including the geographic distribution of CHWs.
4. The health plan's approach to ensuring all CHWs meet training and certification requirements.
5. Information on CHW compensation levels.
6. A description of the CHW supervision structure and standards.
7. A description of how the health plan intends to align its approach in fulfilling the CHW program requirements with the health plan's requirement for a Local Community Collaboration Strategy (please refer to the Standard Plan (Section V.F.2.e) and Tailored Plan (Section V.A.4.ii.iv) contracts).

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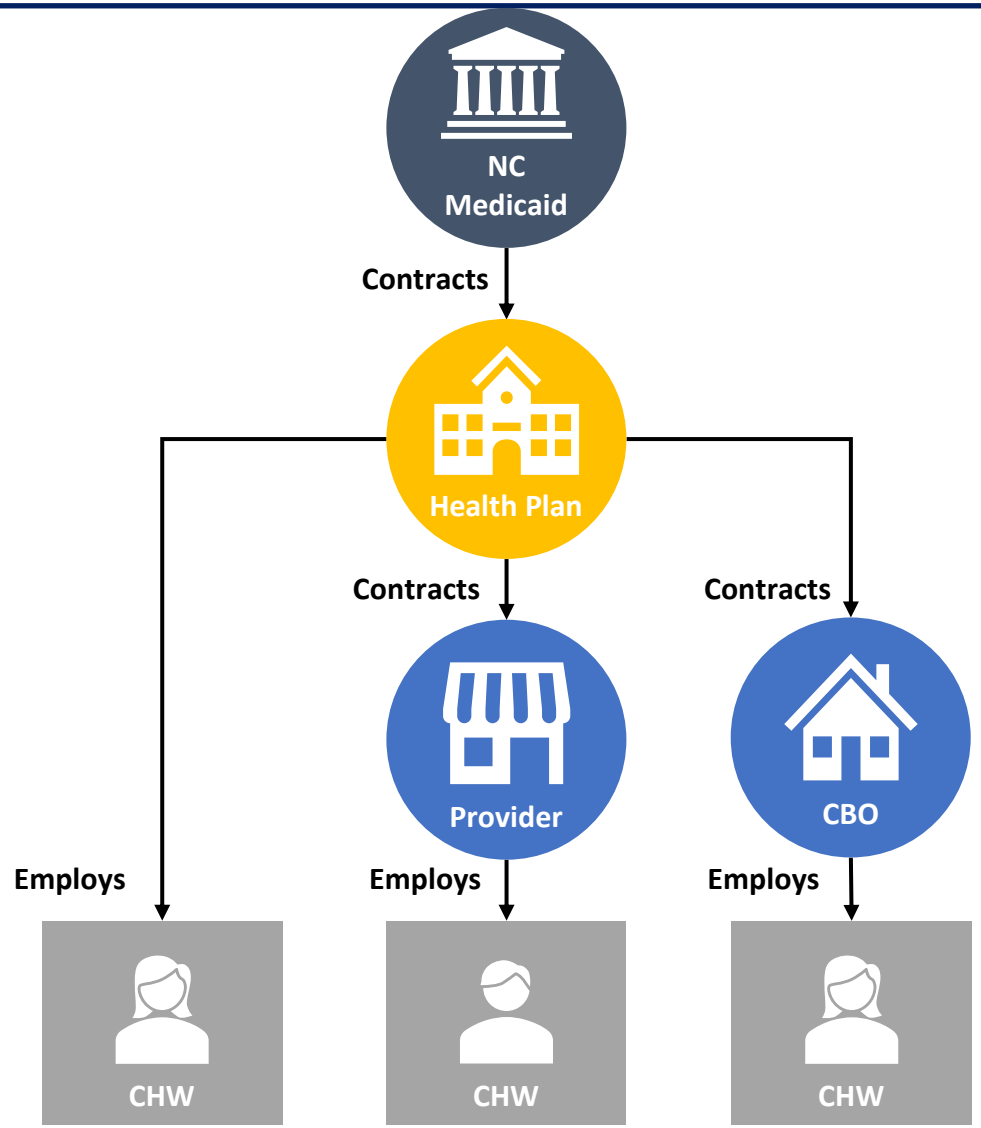
- **Is there any other information that the Department should consider including in the CHW and Member Engagement Plan?**
- **What information/metrics should the Department consider for ongoing monitoring?**
- **What are preferred or suggested methods of reporting to ease data collection efforts from providers?**

Key Entities and Example Roles and Responsibilities



Key Entities and Example Roles and Responsibilities

North Carolina Medicaid

- Develop Medicaid's CHW strategy and guidance for health plans.
- Administer strategy via health plan contracts.
- Oversee implementation of Medicaid's CHW strategy.
- Review metrics and outcomes from health plans.

Health Plan

- Develop and submit CHW and Member Engagement Plan.
- Employ CHWs through direct health plan employment or contract with provider/CBOs.

Provider (e.g., AMH, CIN, LHD) or CBO (e.g., "bridge" organization, direct service provider)

- Contract with health plan(s) to employ and receive payment for Medicaid-compliant CHWs.
- Directly hire CHWs and supervise CHWs.

CHW

- Work directly with Medicaid members.
- Is employed by health plan, provider or CBO.
- Meet the Department's training requirements.
- Serve populations of focus.

Discussion

- What is your overall impression of the Department's CHW strategy?
- How do the strategy and target populations further the Department's efforts to improve and advance whole-person care?
- How would the Department's strategy impact AMH practices, CINs, and/or other providers at the local level?
- Are health plans or AMH practices working closely with CBOs in working with CHWs to outreach and engage with Medicaid members?
- Is there anything the Department could clarify further? Do TAG members have suggestions on additional information that would be useful to consider?

Next Steps

The Department seeks feedback from stakeholders on NC Medicaid's CHW Strategy.

- **Stakeholders are welcome to submit feedback on the paper by emailing Medicaid.NCEngagement@dhhs.nc.gov (subject line: "CHW Feedback") by March 15th, 2023.**

- Stakeholder feedback will inform the vision and evolution of CHW integration into NC Medicaid as it advances NC Medicaid Transformation efforts.

AMH TAG Wrap Up and Future Topics

AMH TAG meetings will generally take place the second Tuesday of each month from 4-5 PM.

Upcoming 2023 Meetings
Tuesday, April 11, 2023 4:00-5:00 PM
Tuesday, May 9, 2023 4:00-5:00 PM
Tuesday, June 13, 2023 4:00-5:00 PM

Potential Upcoming AMH TAG Topics

- Strategies to advance health equity
- Strategies to address SDOH
- Standardization of monitoring protocols/delegation protocols
- PHP accreditation timeline and timing of AMH delegation audits

Appendix

Snapshot of CHWs in North Carolina

ORH CHW COVID-19 CHW Program*

Total: 564 CHWs

Health Plans

All five Standard Plans indicate they **have CHWs employed at the health plans now**.

NC CHWA Certified CHWs

Total: Over 700 CHWs

The numbers above are not exhaustive and do not include all CHWs working in North Carolina today. For example, LHDs employ CHWs.

*Source: ORH CHW COVID-19 Program Dashboard (Q2 2023)

CHW Use Cases

The CHW strategy includes illustrative use cases to outline the ways that CHWs could work at the local level to meet the needs of Medicaid members.

Providing or Connecting Members with Services that Address Social Drivers of Health

There are a number of ways CHWs can work to connect members to needed SDOH resources:

- Contract directly with CBOs, which may employ CHWs to directly provide members with needed services (e.g., nutritional support, childcare, clothing vouchers)
- Health plans can also contract with **bridge organizations** that employ CHWs to help make those connections to CBOs.
- Health plans can **refer the member** to the CBO directly (in the Standard Plan program, AMHs may refer the member to services provided directly by COBs).

Linking to Health Programs

- Health plans can **contract with CBOs that employ CHWs** who understand the resources in their community and can link members to specific health programs that support the members' needs.
- CHWs **identify members who could benefit from a health resource or clinical service intervention** (e.g., prenatal program, birthing classes, diabetes prevention program, nutrition services), educate the members, and connect them to these services in the community.
- In particular, the Medicaid care management model emphasizes the **importance of effectively managing patients' medical, social and behavioral conditions through a team-based, person-centered approach.** CHWs are well-positioned to perform activities as a part of a care management team, such as informal care plan counseling.

Additional CHW Use Cases

Connecting Members to Needed Medical and Nonmedical Visits

- Provider practices (i.e., AMHs working directly and/or via their CIN), LHDs or other providers can **directly hire a CHW by braiding funding among multiple health plans** to serve members participating in a care management program (e.g., NC InCK, AMH Tier 3).
- The CHW works with a member to make sure they are **connected to SDOH resources** and attend appointments and can accompany the member/arrange transportation, if needed.
- The CHW may also conduct **regular check-ins** to assist the member with making progress and addressing barriers/challenges with the prescribed interventions (e.g., medication adherence).

Connecting Members to Preventive Services

- Opportunities exist for all members, whether they are receiving care management or not, to **engage in preventive, health-promoting activities, which CHWs can help coordinate**.
- This is particularly true for members who have been **historically marginalized and may not be actively engaged in the health care system**. These activities could include connecting Medicaid members to appointments for recommended health screenings.
- An AMH practice may **hire a CHW who is embedded in the AMH practice's workflows** and has access to gaps in care reports to identify members who require additional assistance.
- The CHW **can check in with the member on completing screenings, receiving immunizations and attending regular checkups/visits**.
- Alternatively, the health plan could **provide a list of members enrolled in Medicaid but not engaged in the system** to the CHW so that the CHW can reach out to initiate a conversation with these members on the benefits of preventive care.

Deep Dive: Training and Certification

Most CHWs working with Medicaid members are currently required by their employers to undergo training, with many entities leveraging the available NC Community Health Worker Standardized Core Competency Training (NC CHW SCCT) program.

- Many CHWs also choose to become certified with the NC CHWA, which requires a passing score of at least 80 percent on the NC CHW SCCT, a membership fee and a brief application. Once received, NC CHWA certification is intended to be in good standing for three years.

- *Legacy Track Certification*: NC CHWA announced in January 2023, that an additional pathway to certification is now available based on an individual's work experience as a CHW in lieu of requiring completion of the NC CHW SCCT in order to acknowledge individuals with extensive experience in this profession.

- A variety of self-paced, free virtual training modules developed in partnership with NC AHEC are publicly available as CHW-focused trainings on specific Medicaid-related topics and populations. More trainings will progressively become available over time on AHEC's website.

More information on training and certification requirements can be found in the CHW Strategy Guidance paper.

Additional Background and Stakeholders Involved

- This document builds upon the July 2022 CHW Bulletin and companion guidance related to encouraging broader use and integration of CHWs in Medicaid, which is a key component of a high-performance delivery system supported by innovative Medicaid payment.

- The Department acknowledges the following stakeholders in North Carolina who, over the course of the past year, provided valuable insights and perspectives through interviews, small group discussions and/or targeted reviews. Their feedback has been instrumental in the development of this strategy to further integrate CHWs with Medicaid.

  Office of Rural Health, Partners In Health, North Carolina Community Health Worker Association, North Carolina Division of Public Health, Catawba County Division of Public Health, Durham County Division of Public Health, Healthy Blue, Carolina Complete Health, El Centro Hispano, Sokoto House, Mt. Calvary Center for Leadership Development and UNETE.

- The CHW Strategy Paper is published through a joint collaboration among the Division of Health Benefits (NC Medicaid), the Office of Rural Health and the Office of Health Equity.