



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**
Division of Health Benefits

NC Medicaid

Integrating Community Health Workers into NC Medicaid

PURPOSE

The North Carolina Department of Health and Human Services (NCDHHS) has long held a vision that Community Health Workers (CHWs), and other extenders, can play important roles in improving population health. CHWs serve as important, trusted connectors to the community and propel equitable health outcomes. As the CHW workforce grows in North Carolina, NCDHHS seeks to emphasize the ways CHWs can be leveraged to improve health and health care for individuals enrolled in Medicaid.

NCDHHS plans to release managed care guidance later this year describing NCDHHS's strategy to further integrate CHWs into NC Medicaid. This will include opportunities for stakeholder input and feedback to inform the strategy.

In the interim, this guidance provides important overarching information about CHWs to encourage broader use of CHWs in Medicaid. It summarizes the definition of a CHW, offers examples of how CHWs can serve Medicaid members, and provides information on current CHW training and certification opportunities in North Carolina.

BACKGROUND

Through a multi-year effort that leveraged extensive consultation with stakeholders, NCDHHS has developed [a set of recommendations](#) on supporting a statewide, coordinated infrastructure for CHWs. [NC Medicaid](#) currently collaborates with [North Carolina Office of Rural Health](#) (ORH), [North Carolina Community Health Worker Association](#) (NC CHWA), [North Carolina Area Health Education Center](#) (NC AHEC) and the [North Carolina Community College System](#) (NCCCS), among others, in order to better support CHWs statewide.

One of NCDHHS's principal goals outlined in the [2021 – 2023 Strategic Plan](#) is to “advance health equity by reducing disparities in opportunity and outcomes for historically marginalized populations within DHHS and across the state.” One approach to achieving that goal is to support local capacity to overcome persistent health inequities by empowering CHWs to serve as trusted connections between health and human services systems and communities. CHWs are unique, trusted members of their communities and can serve as part of a broader team engaging individuals and supporting their access to health and non-health services. CHWs are well positioned to advance quality outcomes for North Carolinians, including those enrolled in Medicaid.

Federal law encourages the use of CHWs to promote positive and healthy behaviors and outcomes with grants available from the Centers for Disease Control and Prevention (CDC) to promote CHWs.¹ Coordinated by ORH, federal grants made in 2020 under the COVID-19 Public Health Emergency (PHE) [established](#) a statewide system that supported the direct deployment of CHWs across North Carolina. Since then, this has grown to hundreds of CHWs working to support vulnerable individuals through the [COVID-19 CHW Initiative's](#) efforts to support vaccine education, testing and vaccination sites and connections to social services via [NCCARE360](#). Recognizing that the PHE will end in the future, NCDHHS is considering how this vital workforce can be further leveraged to support Medicaid members.

¹ [Patient Protection and Affordable Care Act § 5313](#)

WHAT IS A COMMUNITY HEALTH WORKER?

CHWs are called by a variety of other names, including community outreach workers, community health promoters, community health representatives, patient navigators, community care coordinators, case work aides, community health advisors, community health educators, community outreach workers, family service workers, HIV peer counselors, lactation consultants, lay health advisors, lead abatement education specialists, maternal/infant health outreach specialists, neighborhood health advisors, outreach specialists, peer educators and public health aides.

A CHW is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the worker to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery.

A CHW also builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support and advocacy. NCDHHS [recommends](#) CHWs serve as Cultural Liaisons, Health Navigators, Health and Wellness Promoters and Advocates.

More broadly, CHWs perform activities that include, but are not limited to:

- Promoting wellness and prevention
- Driving attention to upstream populations and services outside of care coordination
- Serving as a trusted partner and engaging and educating members who struggle to navigate the complex health care system
- Advocating for the member and supporting the member in receiving culturally and linguistically appropriate care
- Leveraging lived experience and understanding of the community to build trust and successfully engage members in screenings
- Employing knowledge of community-based services and application processes to expedite member applications and promote timely movement off relevant waitlists.

HOW CAN COMMUNITY HEALTH WORKERS SERVE NC MEDICAID MEMBERS TODAY?

CHWs are explicitly permitted to be part of the care management team in managed care via the Standard Plan and Tailored Plan contracts and are permitted to assist in administering Healthy Opportunities Pilot care management services. CHWs are working directly at the Medicaid health plan level and in other provider and community-based settings, including local health departments, in NC Medicaid today.

NCDHHS recently issued [guidance](#) for the incorporation of CHWs as care manager extenders in Tailored Care Management. The NC [Integrated Care for Kids](#) (InCK) program also promotes the use of CHWs as “[family navigators](#).” Given the successful role of the CHW workforce in the [COVID-19 CHW Initiative](#) and CHWs’ ability to leverage their lived experiences to build on community relationships, NCDHHS committed to leveraging CHWs to support North Carolinians through an innovative, whole-person centered, and well-coordinated system of care and quality measurement, which addresses both medical and non-medical drivers of health.

Activities CHWs are currently performing or examples of ways they can support NC Medicaid members:

- Conduct outreach and engage members in care management programs (as part of care team)
- Assist with cross-enrollment in existing benefit programs, including Women, Infants and Children (WIC) and Supplemental Nutrition Assistance Program (SNAP)
- Connect members to needed medical visits and follow up on referrals
- Conduct outreach to members to close gaps in care (e.g., informal care plan counseling, address health goals)

- Assist members who may qualify for the [Healthy Opportunities Pilots](#) to engage with a care manager to assess their Pilot eligibility and help navigate to authorized Pilot services
- Connect members to preventive services, including well-child visits and screening appointments

HOW ARE COMMUNITY HEALTH WORKERS TRAINED

Most CHWs currently working in NC Medicaid are 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. The NC CHW SCCT was developed by NC CHWA – in partnership with a number of stakeholders including NCDHHS – and CHWs complete the NC CHW SCCT at a North Carolina Community Colleges (NCCCs) offering the NC CHW SCCT training.²

The NC CHW [SCCT Core Competencies](#) are comparable to those from other state trainings and [national industry standards](#) and include:

- Communication (i.e., effective listener, group communication skills)
- Interpersonal (i.e., work with diverse groups, develop relationships)
- Service (i.e., coordinating care, developing care plans)
- Capacity Building (i.e., support clients, skill building)
- Advocacy (i.e., advocate for clients)
- Education (i.e., health promotion, healthy behaviors)
- Outreach (i.e., connect clients to community services)
- Knowledge (i.e., understand social drivers of health)
- Personal (i.e., promote and advocate for clients)

To complete the NC CHW SCCT, CHWs must complete the 96-hour course, pay a fee (established by the individual NCCC), have a high school diploma or GED and be at least 18 years or older.

ORH requires additional training on COVID-19 testing, vaccination, and quarantine practices for CHWs participating in the [COVID-19 CHW Initiative](#). In addition, NC Medicaid also requires Tailored Care Management training for CHWs working as [care manager extenders](#). Both the COVID-19 CHW initiative and the Tailored Care Management extender guidance requires completion of the NC CHW SCCT.

NCDHHS also provides a variety of optional, self-paced, free, [virtual training modules](#) developed in partnership with NC AHEC as CHW trainings focused on specific topics and populations. The ‘Overview of Medicaid Managed Care’ and ‘Working with Clients with Behavioral Health Conditions’ modules are [currently available](#) in English, with up to 50 modules expected to be developed by the end of 2023. Other topics under consideration include cultural responsiveness, care management, behavioral health conditions, chronic diseases and working with specific Medicaid populations.

Additionally, NC AHEC, ORH, and NC CHWA have partnered to establish the Community Health Worker Advanced Medical Home Integration Learning Collaborative (Collaborative). The Collaborative brings together teams of CHWs, community-based organizations, healthcare providers, and organizations working in other systems (e.g., schools, criminal justice, foster care, social services) to deepen CHW integration across systems and build bridges between systems and communities. The Collaborative is actively recruiting local CHW Leaders to test and promote community-centered and community-based solutions to advance racial, economic, and health equity.³

² As of May 2022, twelve NCCCs provide **NC CHW** SCCT training. Full list available [here](#).

³ Applications to become a CHW Leader can be found here in [English](#) and [Spanish](#) (submission deadline is July 15, 2022).

ARE COMMUNITY HEALTH WORKERS REQUIRED TO BE CERTIFIED IN NC

NCDHHS does not currently require CHWs to be certified by any entity in order to serve Medicaid members. Some CHWs 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 brief application. Once received, NC CHWA certification is intended to be in good standing for three years.

NC CHWA is considering additional certification options based on work experience in order to acknowledge those with a legacy of individuals with extensive experience as a CHW. NCDHHS is supportive of the certification process as a way ensure knowledge validation, professionalism and career preparation, and will consider potential certification provisions and options as it develops Medicaid guidance.

Questions may be submitted to Medicad.NCEngagment@dhhs.nc.gov.