North Carolina Medicaid's Community Health Worker Strategy

North Carolina Department of Health and Human Services

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Executive Summary

The document outlines, for stakeholder feedback, the Department's proposed Medicaid strategy for leveraging the growing number of community health workers (CHWs) in North Carolina to achieve the goals of Medicaid transformation. The Department's strategy for incorporating CHWs into managed care in the future includes:

- Deploying CHWs to reach specific communities and target populations—namely, Medicaid members not engaged in health care or members underutilizing Medicaid services, as well as maternal and pediatric members;
- 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; and
- Developing bi-directional feedback and monitoring processes, including requiring health plans to submit a CHW and Member Engagement Plan to the Department for approval.

I. Introduction and Purpose

The North Carolina Department of Health and Human Services (the Department) remains dedicated under its Medicaid transformation efforts to improving the health of North Carolinians through an innovative, equitable, whole-person centered and well-coordinated system of care that supports both medical and nonmedical drivers of health. Medicaid transformation offers an opportunity to help reduce health disparities, advance health equity and promote trusted, team-based care for individuals, families, and communities.

One approach to achieving the goals of Medicaid transformation is to support local capacity to overcome persistent health inequities by empowering and deploying community health workers (CHWs)[1] and other care extenders to improve population health and support equitable health outcomes. **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.**[2] In North Carolina, a growing workforce of CHWs currently work in both managed care and NC Medicaid Direct and function as bridge builders 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. A growing evidence base has established that CHWs can improve health care engagement, risk management and clinical outcomes,[3] 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). These findings inform the Department's commitment to and approach for its CHW strategy for Medicaid.

The paper outlines, for stakeholder feedback, the Department's proposed Medicaid strategy for leveraging the growing number of CHWs in North Carolina to achieve the goals of Medicaid transformation. 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.

[1] 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.

[2] As defined by the CHW Section of the American Public Health Association (APHA).

[3] 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*.

CHWs work in many sectors outside of Medicaid and have had, and will continue to have, roles supporting public health and human services around the state. Thus, many stakeholders have an interest in understanding and actively informing this strategy. These stakeholders include, but are not limited to, individual CHWs, the North Carolina Community Health Worker Association (NC CHWA), health care systems and health care providers, Medicaid members, families and advocates, Local Health Departments (LHDs), health plans, Clinically Integrated Networks (CINs), Advanced Medical Homes (AMHs), North Carolina Area Health Education Centers (NC AHEC), the North Carolina Office of Rural Health (ORH) and other partners that support transformational reforms, including community-based organizations (CBOs)[4] and Network Leads, as well as other entities involved in the Healthy Opportunities Pilots.

These stakeholders will play an important role in ensuring Medicaid's CHW strategy ultimately results in an effective and cohesive approach to advance the health of Medicaid members while helping ensure that Medicaid's CHW strategy is complementary to the broader CHW ecosystem in the state. The Department remains committed to engaging stakeholders as the CHW strategy evolves over time.

CHW Stakeholder Spotlights

- *North Carolina Office of Rural Health (ORH):* Outside of Medicaid, ORH has been a critical partner in promoting the engagement of CHWs in North Carolina. Leveraging federal grants from the Centers for Disease Control and Prevention (CDC) in 2020 under the COVID-19 public health emergency (PHE), ORH established a statewide system that supported the direct deployment of CHWs supporting vaccine education, testing, and vaccination sites and connections to social services via NCCARE360 and their knowledge of existing resources within the CHWs' community networks across North Carolina through seven selected vendors. The direct pandemic-related deployment of hundreds of CHWs concluded in December 2022.
- *North Carolina Community Health Worker Association (NC CHWA):* The NC CHWA develops common training and certification policy standards for CHWs working in North Carolina and can be a resource for health plans, providers and CBOs to identify, recruit and hire CHWs. NC CHWA can provide connections to qualified CHWs, as well as help health plans identify and contract with CBOs that can employ CHWs. As of publication, over 650 CHWs are certified.
- *North Carolina Area Health Education Centers Program (NC AHEC):* AHEC is supporting the Department's efforts to scale and spread CHW integration through CHW Specialty and Advanced training programs, practice support coaching for CHW integration into healthcare teams, and a statewide CHW integration learning collaborative.

[4] CBOs are nonprofit groups that work at the local level to support their communities, oftentimes specifically supporting members of underserved communities but also serving as bridge organizations that help people connect social and health care needs. CBOs can help people pay bills, access transportation, or find food or places to live. CBOs can also help people with basic health care needs.

II. Background on CHW Deployment in NC Medicaid

The Department has long held a vision that CHWs can play important roles in improving health outcomes. Through a multiyear effort that leveraged extensive consultation with stakeholders, the Department developed a set of recommendations in 2018 in support of a statewide, coordinated infrastructure for CHWs. Building on these recommendations, the Department ensured that CHWs are explicitly noted as part of the care management team in both the Standard Plan and Tailored Plan contracts and can assist in administering Pilot care management services as part of the Healthy Opportunities Pilots. The Department has also encouraged the integration of CHWs as part of the care team and issued guidance in April 2022 for the incorporation of CHWs and other qualified individuals as care manager extenders in Tailored Care Management, and the NC Integrated Care for Kids (InCK) program promotes working with CHWs as "Family Navigators."

Based on research conducted for this strategy, all Standard Plans currently employ CHWs (nearly 50 CHWs across the five Standard Plans) and report primarily deploying CHWs to support care management engagement activities. However, CINs, LHDs, and other health care providers and CBOs leverage CHWs to also assist with engagement and outreach, education and health promotion, linkages to social services, and care coordination for people enrolled in Medicaid. **The Department welcomes additional feedback on how CHWs are currently working in Medicaid.**

In response to the 2018 recommendations, the Department, including Medicaid and the ORH, continues to collaborate with various stakeholders to support CHWs statewide. The North Carolina Community College System (NCCCS) offers the NC Community Health Worker Standardized Core Competency Training (SCCT) program, which educates individuals on core competencies that reflect national industry standards for CHWs. NC AHEC, supported by a contract with the Department and in partnership with the NC CHWA, continues to develop and release Medicaid-specific training modules for CHWs.

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 the more comprehensive strategy described for comment below.

III. The Department's Goals for Further CHW Integration

To develop the strategy, the Department conducted targeted stakeholder interviews with individuals in North Carolina and in other states, with a focus on lessons learned through experiences with CHWs to date, including deployment of CHWs in support of the state's COVID-19 pandemic response.[5]

Stakeholders overwhelmingly viewed CHWs as vital to improving health for Medicaid members and North Carolinians and, specifically, unanimously supported a broader role for CHWs in helping patients address unmet health and social needs. Stakeholders believe CHWs are most effective when they live in and are representative of the communities they serve and are keenly knowledgeable of the resources, both medical and nonmedical, available in their communities. Stakeholders cautioned against "medicalizing" CHWs (e.g., reimbursing a set fee per unit of time), instead urging flexibility to enable deployment of CHWs with shared lived experiences with the Medicaid members they serve.

The Department's Goals for the CHW Strategy

In response to stakeholders, the Department developed the following goals for integrating CHWs more widely into Medicaid:

- **Further integrate CHWs as trusted care team members to engage members.** CHWs have been supporting the health and well-being of their communities long before the term "community health worker" was established. With their trusting relationships and connections within the community, CHWs are well-suited to assist with navigation of the care and coverage provided to Medicaid members, including care management programs and connections to social services. While CHWs are already permitted to serve on care teams, the Department envisions a more purposeful and defined role for CHWs to conduct outreach and engage members.
- **Promote health equity.** CHWs are uniquely poised to engage with communities that have been historically marginalized and excluded from the health system due to systemic discrimination and to connect those populations with needed health and social services in an effort to reduce the inequities negatively affecting their health outcomes.
- **Help facilitate access to high-quality care and close gaps in care.** As noted above, evidence shows that CHWs have a positive impact on health outcomes. CHWs can be leveraged to increase access and use of preventive care (e.g., through member outreach to inform members about needed health screenings), help close gaps in care and improve the timeliness of member engagement in care, particularly among maternal and pediatric populations.
- **Align with the growing CHW workforce infrastructure in North Carolina.** Medicaid is a large and important health care payer in the state. The Department plans to leverage and build on the common platform established over the past several years, most deeply through the public

[5] Please see the Acknowledgements section for more on stakeholders who have contributed to the development of this strategy.

health emergency (PHE). Further, CHWs are an important workforce that can help address provider capacity concerns that are present in North Carolina and pervasive nationally.

- **Support local, community-based deployment.** The Department strongly encourages CHWs to work and engage locally in the communities they serve, in an effort to promote shared cultural experiences, values and authentic relationships between CHWs and Medicaid members.

The Department welcomes feedback from stakeholders on these proposed goals.

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

In support of these goals, the Department will continue to leverage health plans[6] to develop a more comprehensive approach to further integrate CHWs into Medicaid. The Department plans to provide additional guidance for specific deployment of CHWs after receiving comments on this strategy and, as applicable, amend future health plan contracts to include additional CHW-related requirements.

Funding Considerations for Deployment of the Department's CHW Strategy

The Department encourages health plans, 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 Department will consider final budget appropriations and stakeholder feedback prior to finalizing this CHW strategy.

The Department's strategy consists of the following components:

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 and in alignment with the North Carolina Medicaid Quality Strategy:

- **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:** As noted earlier, CHWs deployed by health plans often engage Medicaid members in care management activities. However, CHWs can be broadly deployed to proactively engage members not utilizing, or appropriately utilizing, health care services. For these members, CHWs can help improve access to needed and high-value medical care, as well as identify social needs and help members navigate to community resources to meet those needs. Recent managed care quality performance measurement reports demonstrate that significant disparities exist for Black managed care enrollees in a number of areas that CHWs are

[6] Unless otherwise noted, "health plans" refers to fully insured managed care plans, such as Standard Plans and Tailored Plans (upon launch).

well-positioned to support, including avoidable acute care utilization and encouraging increased well-child visits.[7]

- **Maternal and pediatric populations:** While North Carolina boasts a number of innovative programs, it also ranks 30th in the country in maternal mortality and 39th in infant mortality, and it also lags behind on other measures of quality demonstrated in higher percentages of low-birth-weight babies, lower rates of adolescent well-care visits and lower rates of immunizations in Medicaid.[8,9,10] This strategy acknowledges that CHWs have a unique opportunity to support pregnant women and infants in the community to reduce poor health outcomes.

Focusing CHW engagement on specific populations can maximize the impact of CHW efforts, advance quality goals, promote equity, connect members to social services and help close gaps in care and access.

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

Relative to other frontline workers, CHWs often live and work in communities they serve and often speak the same language—literally and figuratively—as the members living there. CHWs call upon shared experience to build relationships with members and in turn use their knowledge of members' neighborhoods and cultures to help providers fine-tune their approaches to the members they serve. Therefore, CHWs offer a unique advantage in helping people with complex needs.[11]

Thus, 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. Specifically, 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");

[7] See the North Carolina Medicaid Annual Quality Report, available here.
[8] America's Health Rankings, North Carolina.
[9] See the North Carolina Medicaid Annual Quality Report, available here.
[10] Childhood immunizations and prenatal and postpartum care are the focus of the Standard Plans' current performance improvement projects and will be linked to financial health plan withholds in the future, creating ample opportunity for CHWs to support/collaborate with the Department in meeting the aims, goals and objectives outlined in the Quality Strategy.
[11] *Advancing Health Equity Through Community Health Workers and Peer Providers: Mounting Evidence and Policy Recommendations*.

- Should possess lived experience (e.g., personal knowledge of a mutually understood event or experience such as homelessness, history of substance use);
- Should possess shared experience (e.g., growing up in the same community);
- 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.

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

The July 2022 guidance on "Integrating Community Health Workers into NC Medicaid" provided a list of activities that CHWs are currently performing and examples of ways they can support Medicaid members. The expansive list reflects that there is no "one size fits all" model or approach for the functions that CHWs can perform. The specific activities that CHWs are best suited for and most effective at performing vary based on the diverse needs of the populations they serve and the local context.

This 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, 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.
- **Healthy Opportunities and Social Drivers of Health.** Addressing the fundamental drivers of health, sometimes called "social drivers of health" (SDOH), improves a person's overall health. Certain SDOH-related Standard Plan requirements currently apply to all Medicaid members (e.g., making referrals to CBOs to support a member's nonmedical needs), whereas some SDOH services are covered for a subset of eligible Medicaid members through the Healthy

Opportunities Pilots operating in particular geographic regions of the state. CHWs, with their unique understanding of their communities and the available social resources, can connect members to needed 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 (e.g., Network Leads or the organizations that helped deploy CHWs in response to the PHE).

A more thorough list of illustrative activities and use cases that CHWs could perform in Medicaid are in Appendix A.

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). To accommodate these instances, health plans will be encouraged to provide funding to providers or CBOs to allow them to braid or blend from multiple plan partners. CBOs do not need to be Medicaid-enrolled providers to participate in this strategy.

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 call-out box below for an example of how this ratio could be set and applied in Standard Plans and across their provider network(s) and CBO partners.

Only CHWs employed by health plans and their network providers or CBO partners that operate in pursuit of this strategy will count toward "meeting" the CHW-to-member ratio. This is intended to allow new CHWs hired as a result of this strategy to complement, rather than supplant, existing CHW efforts and to allow health plans and their partners flexibility in deploying CHWs.

Proposed Ratios: Standard Plans

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**. Further, **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).

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

Most CHWs working with Medicaid members are currently required by their employers to undergo training, with many entities leveraging the available NC CHW SCCT program offered through NCCCS. To complete the NC CHW SCCT, individuals must complete the 96-hour or 144-hour course, pay a fee (established by the individual community college), and be at least 18 years old or older. The majority of CHWs working in North Carolina today have completed this training.

Many CHWs also choose to become certified with the NC CHWA, which requires a passing score of at least 80% on the NC CHW SCCT, a membership fee and a brief application. Once received, NC CHWA certification is intended to be valid for three years. Alternatively, 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 completion of the NC CHW SCCT, in order to acknowledge individuals with extensive experience in this profession. This is called the "Legacy Track Certification" option, and CHWs in North Carolina who have over 2,000 hours (equivalent to one year full-time or two years part-time) of professional and lived experience can apply for Community Health Worker I certification via this option.

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

- Complete the SCCT with a passing score of at least 80%.
- 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). Age and education requirements will be in line with the policies of many CHW employers in North Carolina and other states.

Finally, the Department proposes to establish a list of required training that all CHWs must complete in the future (see Appendix B, Exhibit 3, for more information related to available CHW training). 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.

Developing Bi-Directional Feedback and Monitoring Processes, Including Requiring Health Plans to Submit a CHW and Member Engagement Plan to the Department for Approval

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.

Exhibit 1. Example Elements of the CHW and Member Engagement Plan

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, including serving the target populations of Medicaid members not engaged or underutilizing services and maternal/pediatric populations. 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).

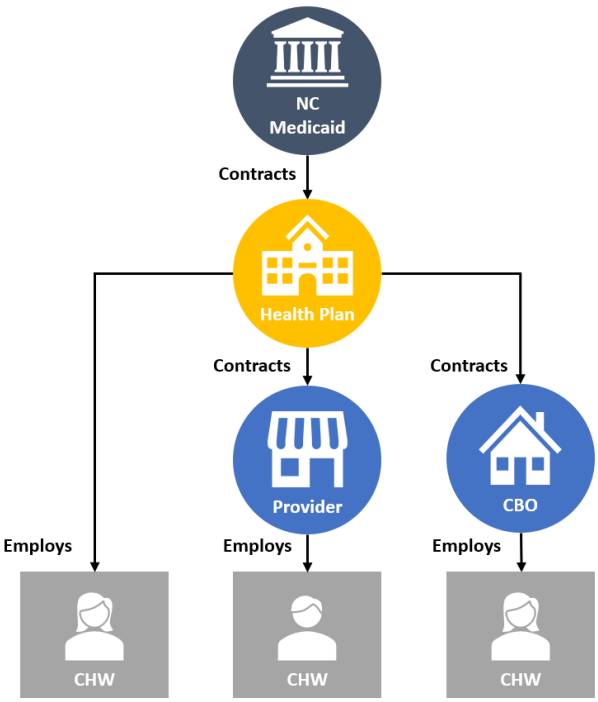
In addition to the initial plan submission, the Department will conduct routine monitoring to better understand how CHWs are serving Medicaid members in real time (e.g., number of current CHWs meeting ratio requirements) and to assess for best practices and lessons learned for collaboration and information sharing across all health plans.

In addition to monitoring, quality measures and other measures of member access to medical care and social services may be selected in order to assess outcomes and evaluate Medicaid's CHW strategy on an ongoing basis. The measures will evaluate whether gaps in care have decreased, access to preventive services has increased and/or disparities have decreased.

Putting It Into Context

It will be necessary for many entities to work together to implement Medicaid's CHW strategy. Exhibit 2 below serves as an example of how key stakeholders across the state could work together to support the further integration of CHWs into Medicaid.

Exhibit 2. 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.

V. Stakeholder Feedback and Next Steps

The Department seeks feedback from stakeholders on NC Medicaid's CHW Strategy. **Stakeholders are welcome to submit feedback by emailing Medicaid.NCEngagement@dhhs.nc.gov (subject line: "CHW Feedback") by March 15, 2023.**

While full implementation of the CHW strategy is dependent on adequate budget appropriations, there are certain components of this strategy that are already supported through existing funding. The Department encourages health plans, providers, community-based organizations and other entities exploring or already leveraging CHWs to implement components of this proposed strategy now in pursuit of the advancement of community-centered, equitable care for Medicaid members.

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

VI. Appendices

Appendix A

CHW Example Use Cases

These use cases are meant to be illustrative of 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 SDOH:** Addressing the fundamental drivers of health (sometimes called social drivers of health) improves a person's overall health. CHWs, with their unique understanding of their communities and the available social resources, can connect members to needed SDOH services (e.g., clothing vouchers or housing navigation, support, and sustaining services). Health plans may (1) contract directly with CBOs, which may employ CHWs to directly provide members with needed services (e.g., nutritional support, childcare, clothing vouchers); (2) contract with bridge organizations that employ CHWs to help make those connections to CBOs; and (3) refer the member to the CBO directly (in the Standard Plan program, AMHs may refer the member to services provided directly by COBs). Certain SDOH-related Standard Plan requirements currently apply to all Medicaid members (e.g., making referrals to CBOs to support a member's nonmedical needs), whereas some SDOH services are covered for a subset of eligible Medicaid members through the Healthy Opportunities Pilots operating in particular geographic regions of the state.

Healthy Opportunities Pilots

The **Healthy Opportunities Pilots** serve as an opportunity for payers, providers and CBOs to build the tools, infrastructure and sustainable financing needed to integrate nonmedical services (e.g., healthy food box delivery, home modifications) directly related to improved health outcomes into the delivery of care.

Key entities (e.g., Standard Plans, care management entities, Network Leads and Health Service Organizations) all work together in the three Pilot regions to identify members eligible for services and deliver Pilot services to them. CHWs are well-positioned to play a key role in the Pilots and are currently engaged in the broad spectrum of Pilot-related service delivery and care.

The Department welcomes feedback on how CHWs are supporting the Healthy Opportunities Pilots and how CHWs could play an ongoing role in this important program through this cross-cutting strategy.

- **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.

- **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.

Appendix B

CHW Training Modules

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. As noted previously, the Department proposes to establish a list of required training that all CHWs must complete in the future. Exhibit 3 below provides an initial list of proposed required trainings and also notes other recommended trainings based on how CHWs are serving Medicaid patients.

CHWs working for specific Medicaid populations (e.g., Tailored Care Management) may be required to meet additional education and training requirements to serve select target populations.

Exhibit 3. List of CHW Trainings

Required Trainings for All CHWs Working in Medicaid	**Recommended Trainings for CHWs Working With Certain Populations or Programs in Medicaid**	
Overview of Medicaid Managed Care	Examples for CHWs working with members with **behavioral health conditions**	Working with Clients with Behavioral Health Conditions
Client Interviewing: Trauma-informed Interviewing, Documentation and De-escalation		Behavioral Health Conditions: Depression and Anxiety
Documentation in Client Record		Trauma and Resiliency
Care Management for CHWs	Examples for CHWs working with **pregnant people and children**	Introduction to Care Management for At-Risk Children (CMARC) for CHWs
Resource Coordination		Introduction to Care Management for High-Risk Pregnancies (CMHRP) for CHWs
Diversity, Equity, Inclusion and Cultural Responsiveness		Perinatal Health: Preconception/Interconception
Working with Specific Populations: Unsheltered, Living with Disabilities and Uninsured		Well-Child Care and Immunizations
Working with Specific Populations: Formerly Incarcerated and Undocumented		Adolescent Health
Working with Specific Populations: LGBTQ		Perinatal Health: Prenatal and Postpartum Care
Introduction to Motivational Interviewing for CHWs		Pediatric Attention Deficit and Hyperactivity Disorder (ADHD)
Introduction to Health and Wellness Coaching for CHWs		NC Integrated Care for Kids (InCK)
Social Determinants of Health		
* Additional SDOH trainings will be required but are under development.	Examples for CHWs working with people with **chronic conditions**	Prevention and Intervention: Role of CHW
		Medication Adherence
		Pre-Diabetes and Diabetes
		High Blood Pressure and Cardiovascular Disease
		Asthma and Chronic Obstructive Pulmonary Disease (COPD)
		Motivational Interviewing Conversations: Clients with Common Health Conditions
	Examples for CHWs working in the Healthy Opportunities Pilots	Introduction to Healthy Opportunities Pilots for CHWs
		Care Manager Resources and Training

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