



COMMUNITY HEALTH WORKER (CHW) WORKGROUP

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CO-CHAIR: LAURA HEINRICH, INDIANA STATE DEPARTMENT OF HEALTH

April 19th, 2018





WELCOME





**APPROVAL OF PREVIOUS MEETING MINUTES* AND
ROLL CALL**





OVERVIEW OF OCCUPATIONAL LICENSING

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WEBINAR LINK

- Webinar Link: <https://global.gotowebinar.com/pjoin/6041004245590442242/339217319409227266>
- Telephone to join audio:
 - United States: +1 (415) 655-0052
 - Access Code: 360-833-805
 - Webinar ID: 481-825-955



OCCUPATIONAL LICENSING: ASSESSING STATE POLICY AND PRACTICE

Overview and Considerations for Community Health Worker Workgroup

April 19, 2018

Project supported through funding from the U.S. Department of Labor

Presentation Overview

- **Occupational Licensing Project Background**
 - **Framework for Considering Occupational Regulation**
 - **Consortium States' Work**
 - **Factors to Consider in CHW Oversight**
 - **CHW Oversight in other States**
 - **Questions and Answers**
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OCCUPATIONAL LICENSING: ASSESSING STATE POLICY AND PRACTICE

A joint project to assist states in:

- Identifying licensing criteria to ensure that existing and new licensing requirements are not overly broad, burdensome or restrictive; and that they do not create unnecessary barriers to labor market entry;
 - Improving the portability and reciprocity provisions for selected occupations across state lines.
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National Governors Association

Bipartisan organization of the nation's governors, founded in 1908

- Serves as collective voice of nation's governors

NGA Center for Best Practices:

- Develops innovative solutions to today's most pressing public policy challenges
- Only research and development firm that directly serves the nation's governors





The Council of State Governments

- Founded in 1933
- CSG is our nation's only organization serving all three branches of state government. CSG is a region-based forum that fosters the exchange of insights and ideas to help state officials shape public policy.
- CSG aims to:
 - Pursue priorities of member states
 - Be nonpartisan and inclusive
 - Be a respected and trusted source for best practices and policy expertise
 - Convene leader to leader interactions and foster leadership development
 - Facilitate multistate solutions

National Conference of State Legislatures

Bipartisan organization serving legislators and staff in all 50 states and territories

- Improve the quality and effectiveness of state legislatures
- Promote policy innovation and communication among state legislatures
- Provide state legislatures a strong, cohesive voice at the federal level



Occupational Licensing Project Background

- **Growth in Licensing:** Over the last 60 years, the number of jobs requiring an occupational license, or government approval to practice a profession, has grown from about one in 20 to more than one in four.
- **Balancing Consumer Protection with Unnecessary Barriers to Entry**
- **Primary Role of States in Licensing:** Most occupations are licensed at the state level and licensed practitioners typically must acquire a new license when they move across state lines.

EMPLOYED WORKERS
25.5% HAVE A
CERTIFICATION OR LICENSE

UNEMPLOYMENT RATES
2.7% FOR LICENSED JOBSEEKERS
6.1% FOR UNLICENSED JOBSEEKERS

Populations with Challenges

- Military veterans, spouses, and their families;
 - Immigrants with work authorization or foreign trained individuals;
 - People with a criminal history;
 - Dislocated or long-term unemployed workers.
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Learning Consortium Overview

The Occupational Licensing Policy Learning Consortium includes 11 states by providing a forum for executive and legislative branch team members and their expanded stakeholder groups to:

- learn about occupational licensing best practices;
 - become familiar with and discuss the existing licensing policies in their state;
 - identify current policies that create unnecessary barriers to labor market entry;
 - and create an action plan that focuses on removing barriers to labor market entry and improves portability and reciprocity for select occupations.
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Key Activities Across States

- Focus in on occupations of interest
 - Legislation focused on reciprocity and reducing barriers for veterans and criminal records
 - Broader focus on broadening labor pools
 - Differences in centralized vs. decentralized structures, focus on improved governance
 - Sunrise and Sunset provisions
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Figure 4. Hierarchy of Occupational Regulation Options

Private governance options

Market competition, alternative dispute resolution and private litigation

Consumer service rating sites

Quality service self-disclosure

Third-party professional certification and maintenance

Voluntary bonding

Public regulation

Deceptive trade practice law and
regulatory enforcement

Public inspections

Mandatory bonding or insurance

Command and Control

Registration

Certification

Licensing

Source: Hemphill, T. A., & Carpenter, D. M. (2016). Occupations: A hierarchy of regulatory options. Regulation, 39(3), 20–24.

Legislation and Regulatory Requirements for CHWs in the States

- Significant diversity among states and a constantly evolving landscape
 - Major areas for legislation and regulation include:
 - Establishing a commission or advisory body
 - Supervision
 - Defining scope of practice
 - Certification process
 - Process for approval training programs
 - Establishing a standard core curriculum
 - Requiring inclusion of CHWs in certification or curriculum development
 - Reimbursement
 - Disciplinary actions
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Education & Certification

Education

- No state approval process
- Non-profits, educational institutions, or other vendors maintain optional training programs, which *may* be recognized by the state
- State provides or approves training and/or core competencies

Certification

- Not required or voluntary certification offered by certification boards, state agencies, educational institutions, or other entities – vast majority of states
 - Individuals must meet certain certification and continuing education requirements in general or for reimbursement
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Financing

- Medicaid Managed Care
 - Michigan requires ratio of 1 CHW to 20k members and performance of certain services
 - New Mexico requires CHWs for care coordination, for which salaries, training, and service costs are covered through MCO administrative costs and paid through capitated payments to the MCOs
 - Oregon requires CHWs to be included are part of Coordinated Care Organizations
 - Medicaid State Plan Amendment
 - Minnesota's Medicaid program reimburses diagnosis-related health education services provided by CHWs, under the supervision of a medical provider. CHW services are covered for both fee-for-service and managed care enrollees
 - Alaska reimburses Community Health Aids through Medicaid
 - Medicaid 1115 Demonstration Waivers
 - Texas includes CHWs in a number of quality improvement efforts
 - Washington pay CHWs through a Medicaid value-based payment through Health Homes
 - Providers or other employers
 - Grants
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State Example: Massachusetts

Legislation: Legislative authority established the Board of Certification within the Bureau of Health Professions Licensure (within the Dept of Public Health) which requires representation include a significant number of CHWs. By statute, the Commissioner of Health or his/her designee chairs the board and there are 10 other seats appointed by the governor representing stakeholder constituencies named in the law.

Regulation: The board has prepared proposed regulations that will ultimately be published by the Secretary of State, which cover

- Application/Renewal of Certification Fees
- Ten core competencies
- Definition of a CHW
- Standards and requirements for education and training programs
- Eligibility and training requirements for potential CHWs' initial certification and renewal
- Processes for issuance and renewal of certificates
- Scope of practice
- Standards of conduct
- Investigations and complaints

The authority is a title act rather than a practice act, which means certification is voluntary (not needed to practice) but an individual must maintain a certificate in order to call themselves a CHW.

Medicaid does not directly reimburse for CHWs. However, Medicaid Managed Care Plans and Accountable Care Organizations do hire CHWs and are encouraged to do so by the state's Medicaid program

State Example: Nevada

Legislation: Legislative authority providing a definition of CHW and requirements for licensure of CHW Pools as well as payment of an application license fee for licensure. CHW pools are defined as persons or agencies that employ CHWs who are not independent contractors or employed by other facilities licensed by DHHS. In addition, the entities must be receiving reimbursement for CHW services through Medicaid, insurance, or grants. The legislation provides authority for regulations.

Regulation: Regulation defines CHW, approved training programs, continuing education requirements, requirements for background checks, and criteria for interacting with clients and CHW Pools are responsible for CHW compliance/adherence to rules. Regarding CHW Pools the regulation defines pools; includes requirements for licensure and renewal specifies grounds for denial, suspension, or revocation of licensure; specifies immunity for providing certain services

Currently there is no certifying body or certification for CHWs. CHWs receive a certificate of completion.

Financing: Medicaid does not directly reimburse for CHWs. Nevada receives a number of federal grants to support the CHW program

Pilot Programs:

- Starting a pilot to assess appropriateness for reimbursement for serious mental illness population (SMI) and non-SMI population doing targeted case management using state funds
- HOPES Pilot in Federally Qualified Health Centers (FQHCs) focused on blood pressure

CHWs also working in FQHCs for colorectal cancer screenings

State Example: Ohio

Legislation:

- Authorizes the Ohio Board of Nursing to develop and implement a CHW program, create application process, and issue and renew CHW certificates to be renewed every other year.
- Specifies that individuals do not have to receive a certificate to perform the specified functions of a certified individual and outlines specific supervision requirements as well as prohibited functions (e.g. “activities that require judgment based on nursing knowledge or expertise”).
- Establishes eligibility criteria to be a CHW and a process for approval of CHW training programs through the Nursing Board as well as standards and procedures to be addressed by the board.
- Addresses fees, replacement of certificates, protection against retaliatory action, reporting misconduct, immunity, and chemical dependency monitoring.

Regulation:

Addresses certification, renewal, continuing education, nurse delegation, prohibitions on delegation, supervision, standards of safe care, disciplinary actions, standards for training programs and their approval, and standard minimum curriculum.

Underlying Goals of Health Workforce Strategy



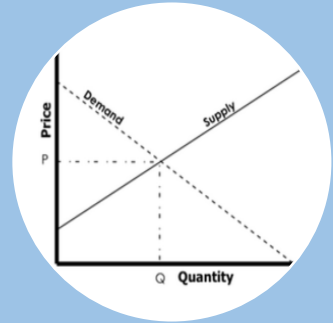
Improve access to care



Ensure high quality care



Improve efficiencies within the health system



Increase economic development

Workforce Strategy

Underlying Goals of Health Workforce Strategy

Improve access to care

- Address maldistribution/shortages:
 - Type of service(s)
 - Geographic areas
- Provider participation in public programs



Ensure high quality care



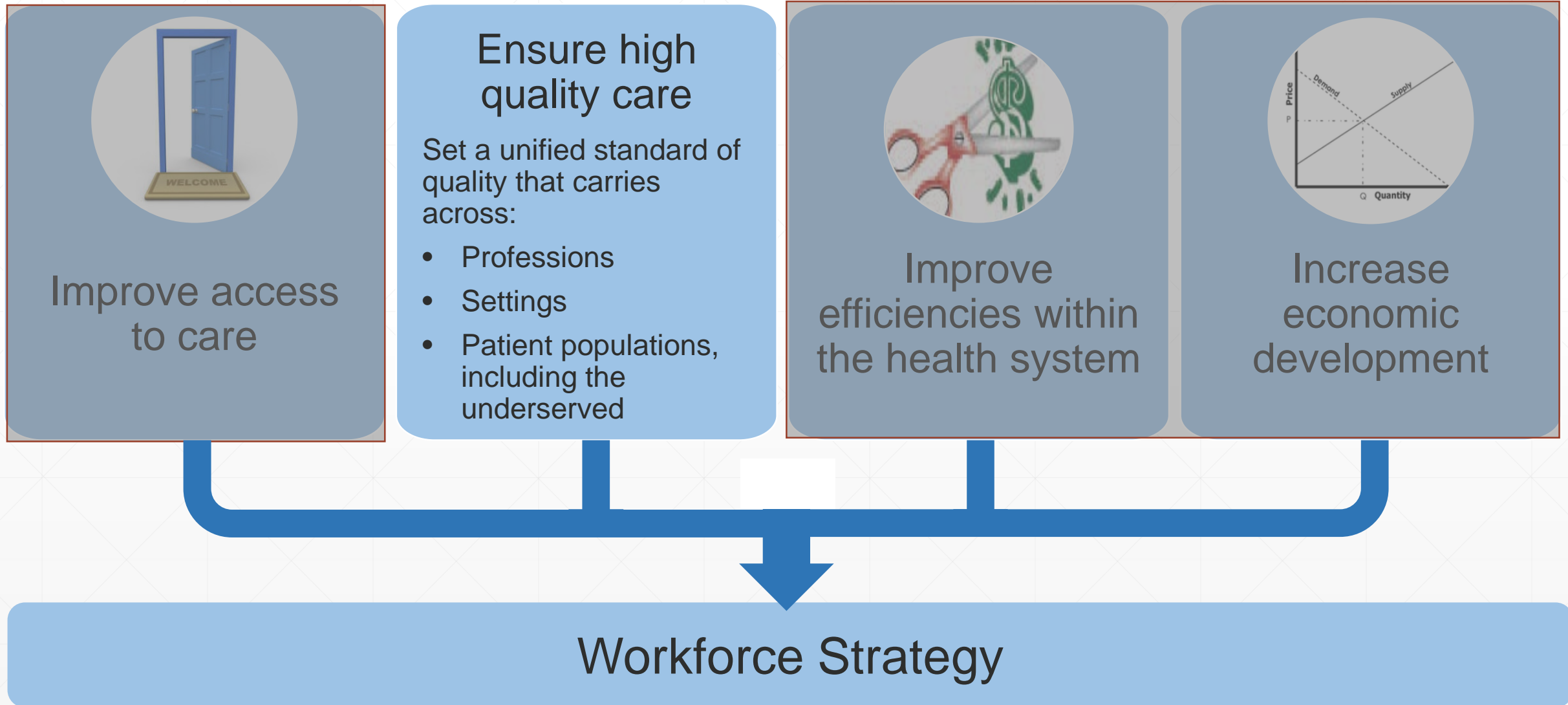
Improve efficiencies within the health system



Increase economic development

Workforce Strategy

Underlying Goals of Health Workforce Strategy



Underlying Goals of Health Workforce Strategy



Improve access to care



Ensure high quality care

Improve efficiencies within the health system

Drive towards higher quality and lower cost care. Approaches may include:

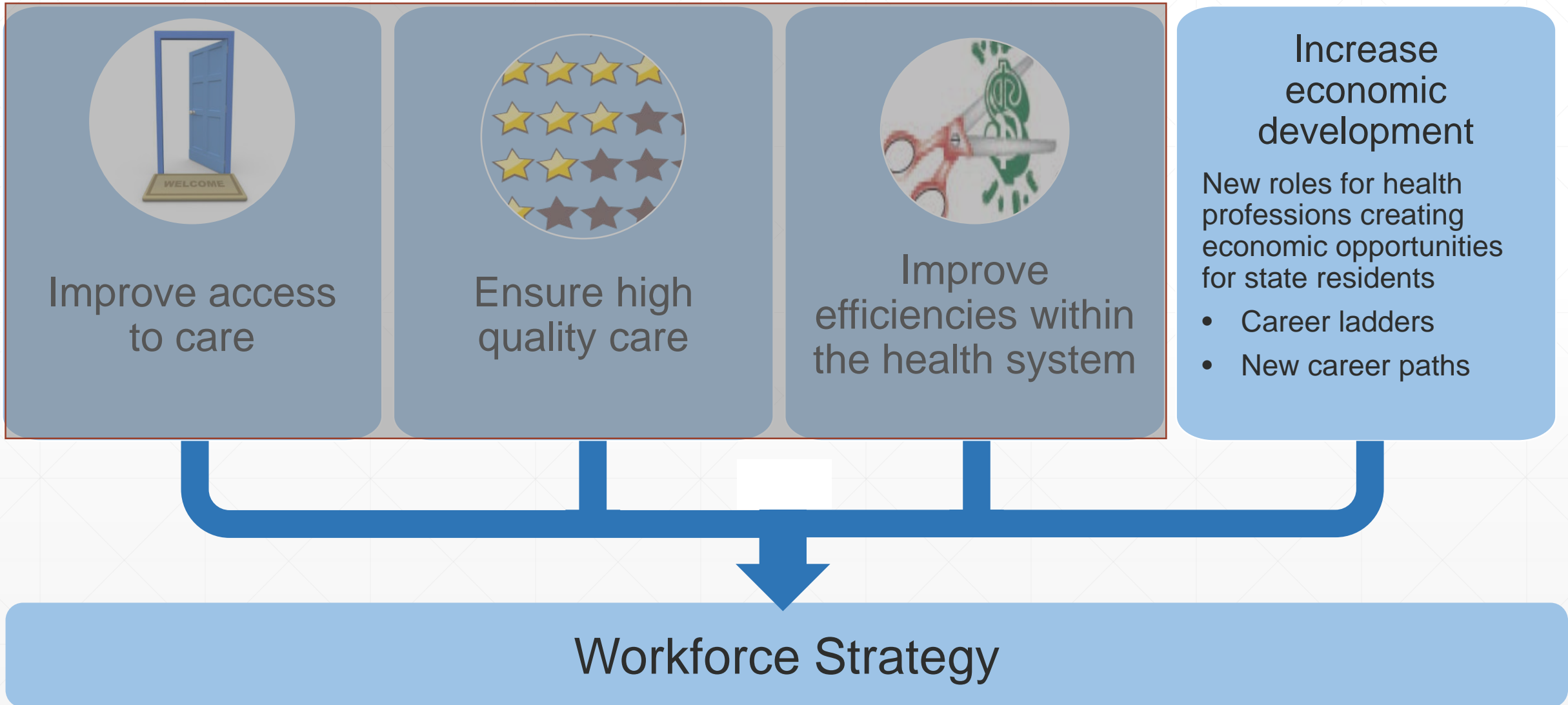
- Team-based models
- Integration of services
- Care in non-clinical settings



Increase economic development

Workforce Strategy

Underlying Goals of Health Workforce Strategy



Resources Used for CHW Information

- [Bureau of Labor Statistics, U.S. Department of Labor, *Occupational Outlook Handbook*, Health Educators and Community Health Workers](#)
 - [Association of State and Territorial Health Officials 2017 CHW Learning Community Toolkit](#)
 - [National Academy for State Health Policy State Community Health Worker Models](#)
 - [Rural Health Information Hub Community Health Workers Toolkit](#)
 - [State Law Fact Sheet: A Summary of State Community Health Worker Laws \(CDC\)](#)
 - [Community Health Worker Certification Requirements by State \(Connecticut Health Foundation\)](#)
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OCCUPATIONAL LICENSING: ASSESSING STATE POLICY AND PRACTICE

Questions & Answers

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DISCUSSION OF OCCUPATIONAL LICENSING FRAMEWORK





UPDATE ON FSSA CHW INITIATIVES

OFFICE OF MEDICAID POLICY AND PLANNING





NEXT STEPS

JUDY HASSELKUS, CHAIR

LAURA HEINRICH, CO-CHAIR





CLOSING AND ADJOURNMENT

JUDY HASSELKUS, CHAIR

LAURA HEINRICH, CO-CHAIR



NEXT MEETING DETAILS

- Tuesday, June 5th
- 10:00am-11:30am
- Indiana State Department of Health, 5th Floor Training Room