

Community Health Worker Policy Initiative: Policy Primer Series

Part one of four engagements to share policy development progress and collaborate with stakeholders through focused feedback

04/17/2023
Recorded Stakeholder Webinar

Policy Development Status

Processing Stakeholder Feedback

Generally Support

Culturally responsive provider qualifications

Flexibility in demonstrating provider qualifications

Required experiential learning (paid or volunteer) is essential to appropriately apply skills and develop within role

Sustainable funding through Medicaid coverage

Covered services reflective of the various supports CHWs provide across settings

Reimbursement model that leverages codes that can be billed in 15 minute units

Concept of enhanced/advanced training as an avenue to increase skillset and reimbursement potential

Informed by:

- December 2022 – January 2023: Tribal Partner CHW Survey
- January 13, 2023: Public Community Health Worker [Webinar](#)
- March 20, 2023: MDHHS SDOH Strategy CHW Subcommittee
- General comment submitted to MSAPolicy@michigan.gov

Policy Development Status

Leveraging Stakeholder Feedback

Service Delivery

- Must be delivered face-to-face
- Individual and group services allowable

Covered Services

- Care coordination and system navigation;
- Health promotion and education;
- Other supportive services

Beneficiary Eligibility

- Chronic health conditions including behavioral health;
- Health-related social need; or
- Pregnancy; and postpartum

Policy Development Status

Leveraging Stakeholder Feedback

Provider Qualifications

- Completion of a CHW/CHR core competency training program.
 - Core competency alignment with CHW Core Consensus (C3) Project.
 - CHR National Training Program by Indian Health Service.
- Documentation of at least 1,000 hours of experiential learning (paid or volunteer work in a CHW role) in the preceding three years
- Annual continuing education requirement – 6 hours.
- Training/credentials must be validated by MDHHS vendor to maintain enrollment as a Medicaid provider.

Reimbursement Considerations

- Exploring codes that are not exclusively tied to the Medicare fee schedule
- Focus on codes that allow for units of service in 15 minute increments.
- FQHC, RHC, THC, and Tribal FQHC Impacts:
 - Planning to reimburse CHW services outside of the PPS/AIR at the Medicaid fee screen rates – contingent upon CMS approval of a state plan submission.

Policy Development Status

Valuing Stakeholder Involvement

- Recorded policy updates with a survey for progressive participation in focused feedback
 - Four short videos to launch weekly (April 17th – May 8th)
 1. Introduction & Policy Development Status Report
 2. Managed Care Organization (MCO) vs Community Provider Distinction
 3. Provider Qualifications
 4. Covered Services and Reimbursement
 - Sent to all participants from previous CHW webinar and available on website
 - Survey feedback will be used for policy development considerations

We are listening, and we want to hear from you!

To provide feedback, complete the **survey located in the description section of this YouTube video** or directly at the Medicaid training webpage.