

# Michigan Department of Health and Human Services: Community Health Worker Policy Initiative

*A focus on supporting Community Health Worker Medicaid  
reimbursement through policy development*

1/13/2023  
Stakeholder Webinar



# Meet the Speakers

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*SDOH Specialist*  
Strategic Engagement & Planning

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*Manager*  
Strategic Engagement & Planning

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*Division Director*  
Medicaid Program Policy

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*Manager*  
Ambulatory & Institutional Benefits

**Elizabeth Pitts**

*Policy Specialist*  
Ancillary Services

**Matt Seager**

*Manager*  
Quality Improvement & Program Development

\*All speakers today work within the Behavioral and Physical Health and Aging Services Administration

Acronyms  
used in  
today's  
webinar...

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**MDHHS** = Michigan Department of  
Health and Human Services

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**BPHASA** = Behavioral and Physical  
Health and Aging Services  
Administration (Medicaid Program)

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**CHW** = Community Health Worker

**SPA** = State Plan Amendment

# Objectives

After this presentation, stakeholders should have a **better understanding of:**

- CHWs as providers within the current environment
- FY23 Omnibus Budget Bill and its' impact on CHW Medicaid policy
- The approach that MDHHS is taking to ensure equitable policy development
- Current policy development status
- Next steps

During this presentation, stakeholders will have the opportunity to **engage through:**

- Reviewing the background information to the policy initiative through the shared fact sheet
- Providing valuable feedback through question and/or comment submissions
- Sharing focused expertise through detailed answers to the prompted questions
- Receiving a post-webinar Frequently Asked Questions (FAQ) document



# The “Why”

*“I want access to the services I need, from a perspective I can relate to, in a language I am comfortable with, at a location I can get to.” Member, Health Share of Oregon*

Understanding CHWs within the current Michigan Medicaid environment and the FY23 Omnibus Budget Bill

# Where are we coming from?

A brief history of CHWs in MI Medicaid



## Medicaid Health Plan Contracts

- MDHHS has included requirements for Medicaid Health Plans (MHPs) to employ and deliver CHW services in support of plan Population Health Management Requirements.
- Over time, lessons from previous contract cycles led to enhancements to requirements, including development of CHW to beneficiary ratios, training standards, and support for coordination with community-based entities



## Health Home & Waiver Programs

- MDHHS has leveraged federal approval pathways for health home models and other waiver/pilot programs that are inclusive of CHWs in the care team, embedded directly in community, or at a plan/waiver agency level.



## State Innovation Model

- MDHHS participated in a federally funded pilot program, as a part of the program supported a reimbursement model that recognized CHWs as part of provider level clinical care team.
- Led to MHP contractual requirements supporting CHW services delivered by community level providers

# FY23 Omnibus Budget Bill (passed)

Sec. 1616. (1) By September 30 of the current fiscal year, **the department shall seek federal authority to formally enroll and recognize community health workers as providers and to utilize Medicaid matching funds for community health worker services, including the potential of leveraging of a Medicaid state plan amendment, waiver authorities, or other means to secure financing for community health worker services.** The appropriate federal approval must allow for community health worker services on a **statewide** basis and must not be a limited geography waiver. The authority should allow the application of community health worker services statewide and maximize their utility by providing financing that includes fee-for-service reimbursement, value-based payment, or a combination of both fee-for-service reimbursement and value-based payment for all services commensurate to their scope of training and abilities as provided by evidence-based research and programs.

(2) By September 30 of the current fiscal year, the department shall report to the senate and house appropriations subcommittees on the department budget, the senate and house fiscal agencies, the senate and house policy offices, and the state budget office on the progress of meeting the requirements in subsection (1).

# FY23 Omnibus Budget Bill

## *Impact on CHW Medicaid Policy*

MDHHS/BPHASA must:

- a) Design policy that spans Fee For Service and managed care
- b) Develop a reimbursement methodology
- c) Seek federal authority (waiver or SPA)
- d) Produce a progress report detailing status of items a-c



# Policy Strategy

MDHHS/BPHASA lead the policy development with value to perspectives and experience between all spheres of influence

# Factors in Medicaid CHW Policy Development

A formal project plan inclusive of the factors below is currently under development



## Research & Options Development

- Core team of BPHASA staff assigned to identifying potential methods and feasibility in MI landscape

## Collaborative Impact Assessment

- Medicaid reimbursement of CHW services could have impact on existing state programs, cross-collaborative conversations will inform policy design.

## Community Connections

- Community partners are a key component to CHW success in the Medicaid program. Mixed methods for engagement will be leveraged to inform policy design

## Formal Design

- To move from concept to policy, a formal design process will be initiated leveraging information and feedback from key partners.

## Promulgation

- Medicaid is required to follow a formal policy promulgation process that includes open public comment period and response.

## CMS Coordination

- Preceding SPA/waiver submission, BPHASA must coordinate with CMS to ensure concept alignment and ultimately success of policy design.

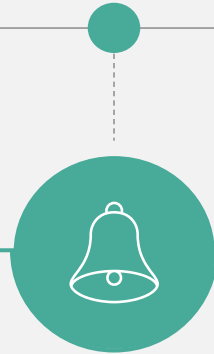
# Phases of Medicaid CHW Policy Development

## Research & Development



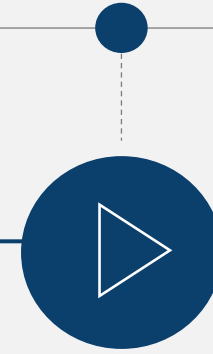
Utilize project management principles to engage internal working teams and external stakeholders to inform CHW reimbursement policy development

## Promulgation



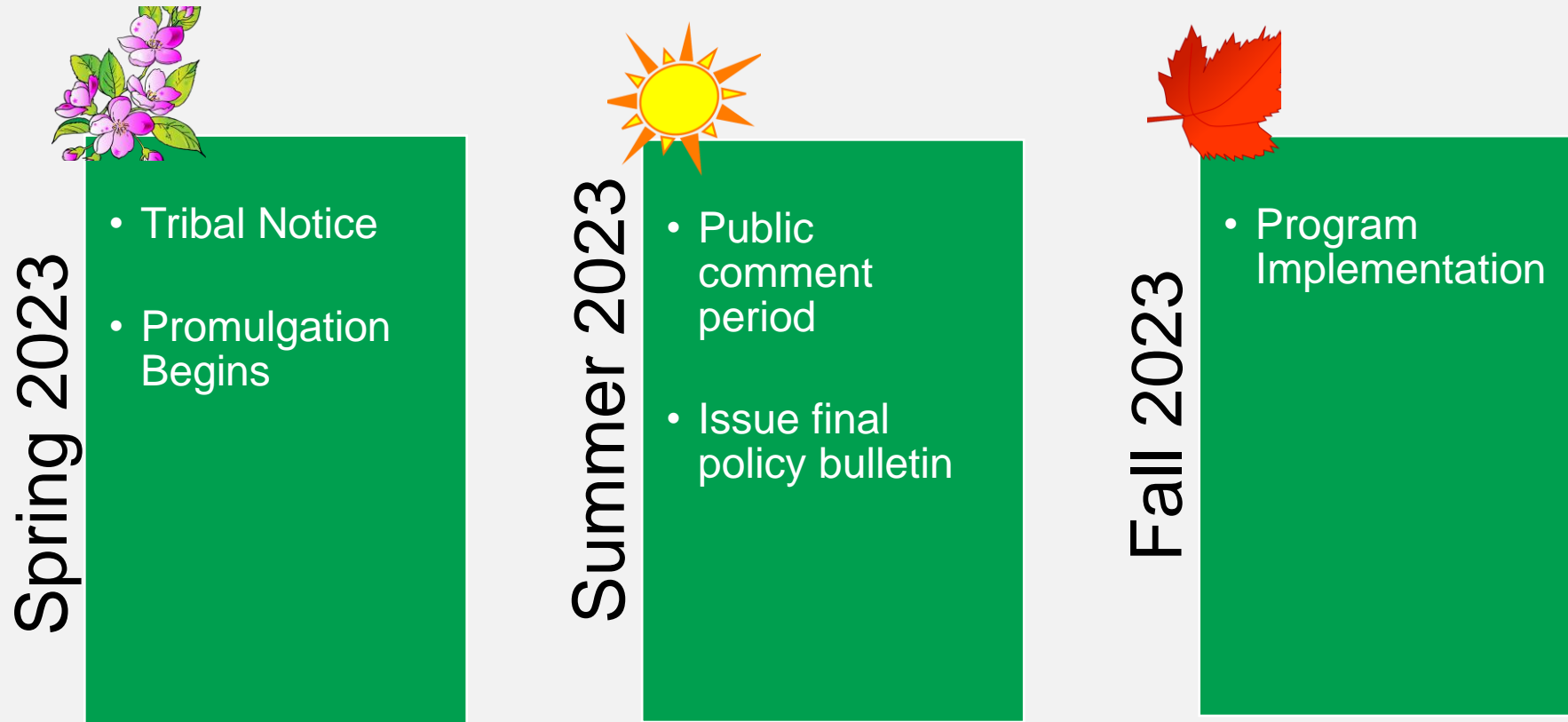
Follow existing formal policy promulgation process including public comment, consultation summary and appropriate notices

## Implementation



Identify and establish process for necessary systems, technical, or operational changes to support final policy implementation

# Anticipated CHW Policy Timeline\*



\*Contingent on CMS approval



Michigan's overall goal is to expand Medicaid coverage and reimbursement for CHWs by way of a State Amendment Plan (SPA).

*-Policy Development Goal*

# Policy Development

Through comprehensive research, a proposal of preliminary key decisions have been created pending CMS approval

# Policy Development Status

- Federal approval path: SPA
- Fee For Service and Managed Care benefit, Medicaid Full coverage, Children's Health Insurance Plan (CHIP); exclusions may apply to limited benefit plans such as emergency services only, PACE, etc.
- Conditions that may define a beneficiary's eligibility for CHW services include the following:
  - Diagnosis of one or more chronic health conditions including behavioral health;
  - Suspected or documented unmet health-related social need; or
  - Pregnancy
- Eligibility will be based on a recommendation from a licensed provider. This is dependent on a SPA that places CHWs under the preventive service category.
  - Care Coordination included within service array activities

# Policy Considerations

Stakeholder engagement is key to policy success.



# Rates & Reimbursement

- **Cultivating a Culture of Sustainability and Growth**
  - The following billing codes and reimbursement rates are being considered by MDHHS for reimbursement of CHW services:

Procedure Code	Description	Rate (unit = 30 min)
98960	Self-mgmt educ & train 1 pt	\$17.23
98961	Self-mgmt educ/train 2-4 pt	\$8.32
98962	Self-mgmt educ/train 5-8 pt	\$6.14
T1028	<i>Assessment of home, physical env.</i>	?



## Pod Question #1:

What factors should be considered by MDHHS when setting reimbursement codes/rates for CHW services? Please be specific and provide context/reference.

# Training Education/Enrollment

## *CHW Formal Training*

- **Supporting Best Practices**
  - Current standards for training and education vary across Michigan Medicaid programs.
  - MDHHS recognizes national efforts to create alignment around the roles of CHWs and the competencies necessary to fulfill those roles.
    - [The Community Health Worker Core Consensus Project \(C3\)](#)
- **Advocating for Inclusivity**
  - We want to recognize the potential for other opportunities for specialty areas within communities



### **Pod Question #2:**

What existing formal trainings should MDHHS be considerate of? Why?

# Training Education/Enrollment

## *CHW Lived Experience*

- **Valuing Flexibility**
  - MDHHS recognizes that the Michigan CHW community has individuals who have valuable lived experiences – possibly without formal training.
  - Compare other State approaches (next slide)



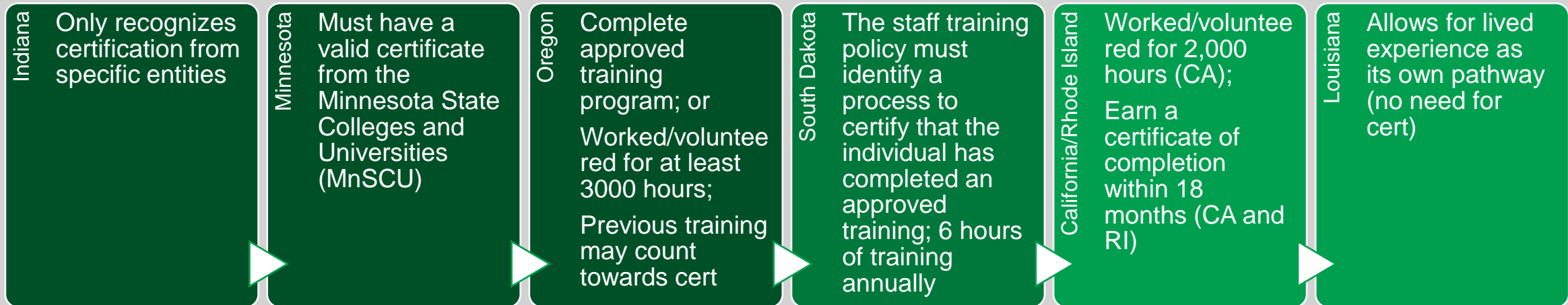
### **Pod Question #3:**

Should MDHHS move towards acknowledging CHW lived experience (not just formal training)? If so, how would this best support CHWs within the communities, and what might this look like?

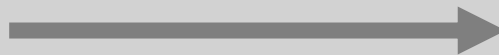
# Training Education/Enrollment

## CHW Lived Experience

### Other State Approaches to CHW Lived Experience...



More  
Prescriptive



More  
Flexible



## Stakeholder Engagement & Next Steps

- Submit questions in the designated pods during the live webinar
- Provide constructive feedback to questions presented via the prompts during the live webinar
- Expect an FAQ document to be distributed to all webinar registrants within 2 weeks
- Additional formal engagement opportunities in Spring 2023!

# Q & A

Please place questions and feedback with context in the Q and A chat box.

Additional post-webinar questions/feedback can be sent to: [MSAPolicy@michigan.gov](mailto:MSAPolicy@michigan.gov)