



Opportunities for advancing CHW training, expansion, and sustainability in MN

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PROTECTING, MAINTAINING AND IMPROVING THE HEALTH OF ALL MINNESOTANS

Learning Objectives

Participants will gain knowledge and skills to:

- ❖ Describe the importance of CHWs as integrated members of health care home teams
- ❖ Identify and participate in CHW training and apprenticeship opportunities to expand and strengthen the CHW workforce
- ❖ Identify resources to become trained as a CHW and/or advance CHW training
- ❖ Apply new policy and payment resources to support sustainability of CHW services

MDH Health Promotion & Chronic Disease Division CHW Initiatives Team



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CHWTP Scholarship recipient

CHW - Neighborhood Health Source (NHS)

About the Alliance

Catalyst, convener, go-to resource, partner, consultant

We're a broad-based statewide partnership of CHWs and stakeholder organizations, governed by a voluntary nonprofit board.

Our Vision

Equitable and optimal health outcomes for all communities

Our Mission

Build community and systems' capacity for better health through the integration of community health worker strategies



www.mnCHWalliance.org

MDH CHW Initiative Logic Model

Strategies

Long Term Outcomes

Networking, Collaboration, Strategic Planning

Continuing Education and Career Development

Support Evidence-Based Models

Assessment and Evaluation

Communication, Dissemination, and Sustainability

Activities	Intended Outputs	Short-term Outcomes (Year 1-2)	Intermediate Outcomes (Year 3-5)
Join National Association of CHWs	Membership and participation with National Association of CHWs	S1. Increased understanding of national efforts to support CHWs	I1. Improved CHW infrastructure: - within the health system - within high-risk communities
Convene a state-level council on CHW profession using an equity lens/ensure representation of communities experiencing disparities	Members of state-level council	S2. Increased opportunities for networking and collaboration among partners	I2. CHWs integrated into the health care delivery system (to address access, costs, and disparities).
Form work groups focused on particular topics of interest such as CHW continuing education, job placement/prospects of employment/non-traditional setting employment, culturally responsive trainings, reimbursements, promotion of CHWs profession, pathways to advancing CHW career	Work groups by topic of interest and priority	S3. Increased participation in work groups	
Engage with payers (including Integrated Health Partnerships?) to explore reimbursement rates, rate determination processes; create relationships to discuss CHW roles in different payer systems	New reimbursement procedures and rates		
Develop a robust training infrastructure (in addition to the certificate curriculum) for the CHWs including necessary opportunities for FREE training, leadership opportunities, mentorships. Includes enhancing accessibility (examples could be availability of web-based, in-person and on-job trainings and professional development opportunities)	Newly developed CHW trainings and methods of attendance	S4. Increased number of free training opportunities available for CHWs through variety of channels	I3. Increased number of CHWs participating in trainings/curriculum/toolkit
Develop priorities and guidelines for continuing ed	Agreed upon guidelines		I4. Increased number of CHWs with a certificate
Update core curriculum; ensure it reflects or offers tracks to reflect varied cultures and languages; explore current pros/cons to changing from a certificate to a certification	Updated curriculum with cultural input	S5. Increased schools offering updated curriculum	I5. Increased number of trained CHW supervisors
Support CHW supervisor training and support system	CHW supervisor trainings and support opportunities	S6. Increased number of available and accessible CHW supervisor training	I6. Increased number of academic programs offering CHW certificate in conjunction with other programs. - CHW certificate is seen as viable 1st step in other professions
Engage in dialogue with academic institutions that offer CHW certificate to create a pathway for CHWs to receive a certificate and advance their career. Encourage interprofessional collaboration.	Rationale for CHW certificate to be offered with other academic programs	S7. Increased number of academic programs willing to offer CHW certificate in conjunction with other programs	I7. Increased number of CHWs serving the communities with which they relate and/or in which they reside
Engage in strategic CHW recruitment efforts in focused communities. Encourage individuals from diverse communities to become CHWs	Recruitment plans and partners	S8. Increased number of individuals from diverse communities interested in CHW pathway	
Identify existing promising practices in MN	Case studies	S9. Increased understanding of CHW presence in MN	I8. Increased ability to advise on pros/cons of CHW models
Broaden implementation of CHW strategies across state with focus on disparities and evidence-based models	Established CHW programs		I9. Increased number of established CHW models in MN
Provide organizational support and develop a system to support CHW hiring and sustaining process	Guiding documents	S10. Increased spaces receiving support for CHW models/services	I10. Increased impact of CHW models
Common Indicators (CI) project	CI project assessment report	S11. Increased stakeholder knowledge of CIs	I11. Increased data available on CHW experience (salary, benefits, satisfaction, etc.) and CHW employers
Assess types of CHW models - pros/cons for different communities/geographies; reimbursement strategies	Reports and assessments; lit reviews	S12. Increased understanding among stakeholders about available data on CHWs and CHW models	I12. Shared/standardized measurement system agreed upon, developed and tested
Develop a shared/standardized measurement system with stakeholders of CHW collective impact. Include EHR for documentation and monitoring	Shared/standardized measurement system	S13. Increased participation of stakeholders in conceptualizing and developing a shared/standardized measurement system	
Explore traditional and non-traditional spaces that could benefit from CHWs (e.g., senior care facilities, factories, schools, law enforcement, health hubs, construction, food processing, etc.)	Network of potential employers	S14. Increased awareness of traditional and non-traditional spaces that can benefit from CHWs	I13. Increased range of CHW employers

Reduced disparities in chronic diseases, injury, violence, and substance use disorder

Increased number of CHWs able to confidently and effectively address current health challenges

Increased number of CHWs from high-risk populations

Increased statewide access to appropriate and effective CHW services, specifically populations disproportionately experiencing poor health outcomes

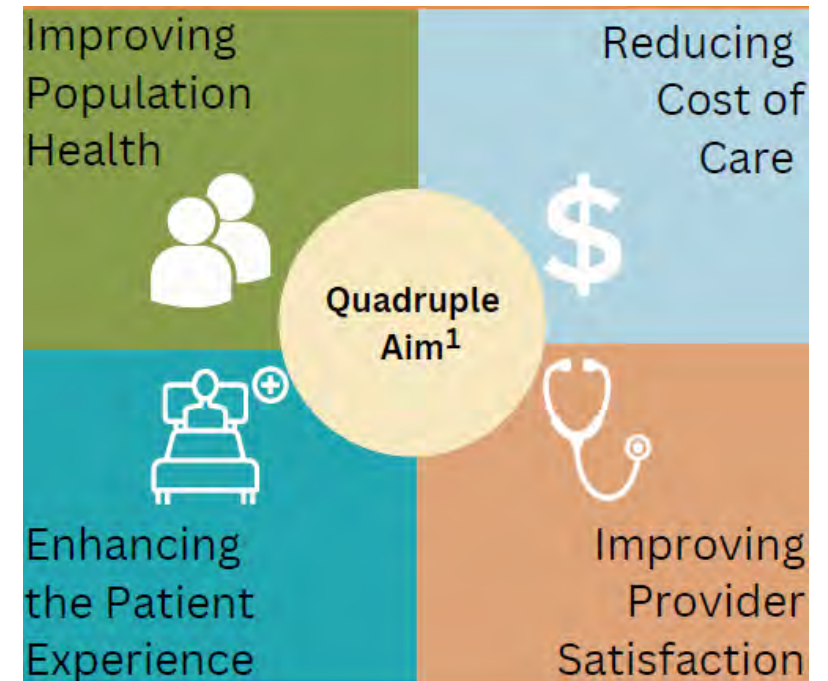
Increased ability to track and evaluate impact of CHW models

Why CHWs? Effectiveness

CHW effectiveness shows a reduction in:

- Emergency room use
- Hospitalizations and readmissions
- Nursing home placements

3:1 net return on investment



Source: MN Department of Health, MN CHW Alliance



MNCHWA -CHW Scope of Practice in MN

- **Role 1:** Bridge gap between communities and health/social service systems
- **Role 2:** Help patients navigate health and human services systems
- **Role 3:** Advocate for individual and community needs
- **Role 4:** Provide direct services: health screenings, health education and self-management, support groups
- **Role 5:** Build individual and community capacity

CHW Roles within an Interdisciplinary Teams

SDOH assessment
and health screenings

Care
Coordination/patient
navigation

Facilitate family
activities
(individual/group)

Resource connection

Service coordination
(external agencies)

Create health
promotion and event
materials

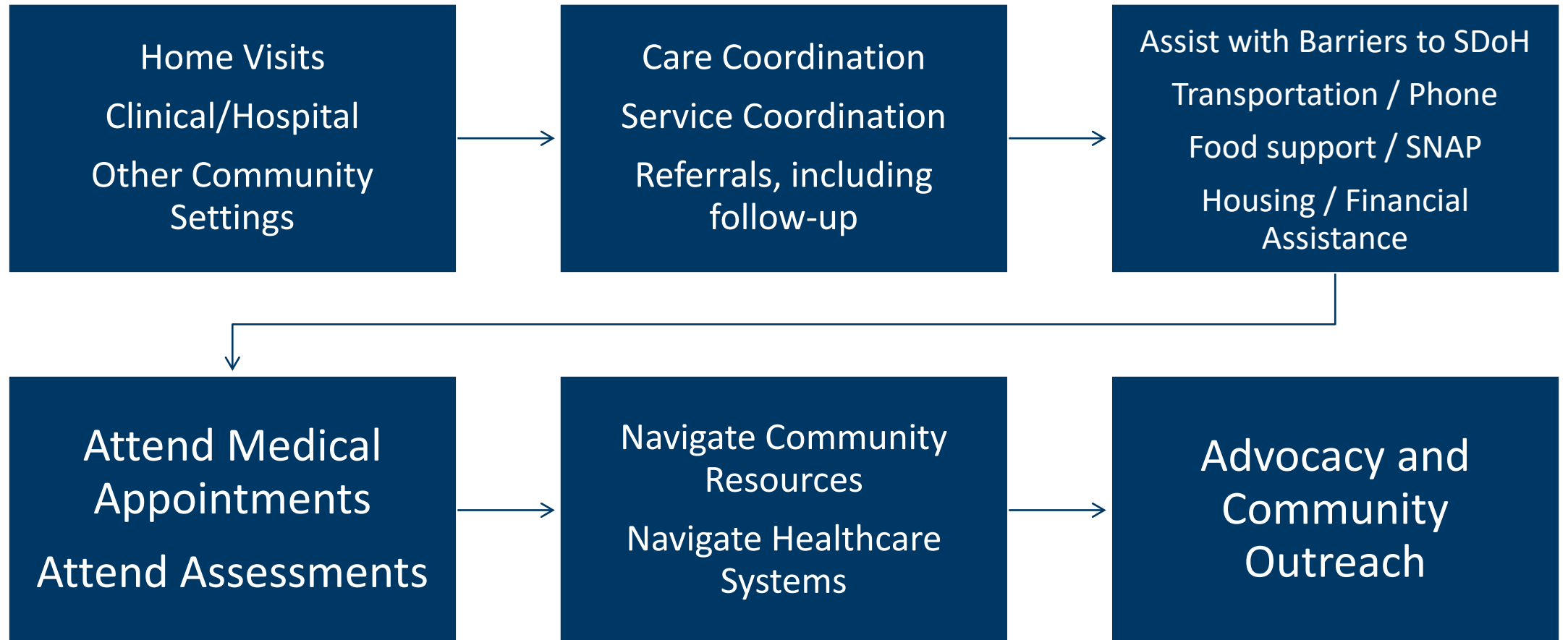
Informal Mental
Health Counseling

Outreach/event
coordination/table

Health & Wellness
Education
(group/individual)

Support team to
operate at the
highest of their
licensure(s)

CHW Support Services - Interdisciplinary Team





Ben

- Background/Bio
- CHW Role and Experience
- Success Story

Community Health Worker Training Program (CHWTP) Funded by HRSA

Goal: To expand the public health workforce through training of new CHWs and extending knowledge of existing CHWs



CHW Awareness



**CHW Certificate Program
Scholarships**



**Registered
Apprenticeship Program**



CHW Upskilling Training



90 Scholarships per year

- Up to **\$3,720** per student directly to schools
- \$30 for CHW Registry upon Certificate Completion
- Any remaining funds can be used to address SDoH Barriers (e.g. Transportation, supplies, wi-fi etc.)

Scholarship Criteria

- Focused recruitment on communities most affected by health disparities in Minnesota
- Focus of the grant is to expand the public health workforce
 - CHW Certificate Program Only (does not include bachelor's programs)
 - Individuals that have a four-year degree with licensure/certification in a health care field (e.g. MD, RN, CDE) do not meet criteria

HRSA requires

- Citizenship or Lawful Permanent Resident Status
- GED or High School Diploma

How to apply?

Apply for the scholarship through MNCHWA:

- [CHW Certificate Scholarship - Minnesota Community Health Worker Alliance](https://mnchwalliance.org)
(mnchwalliance.org)

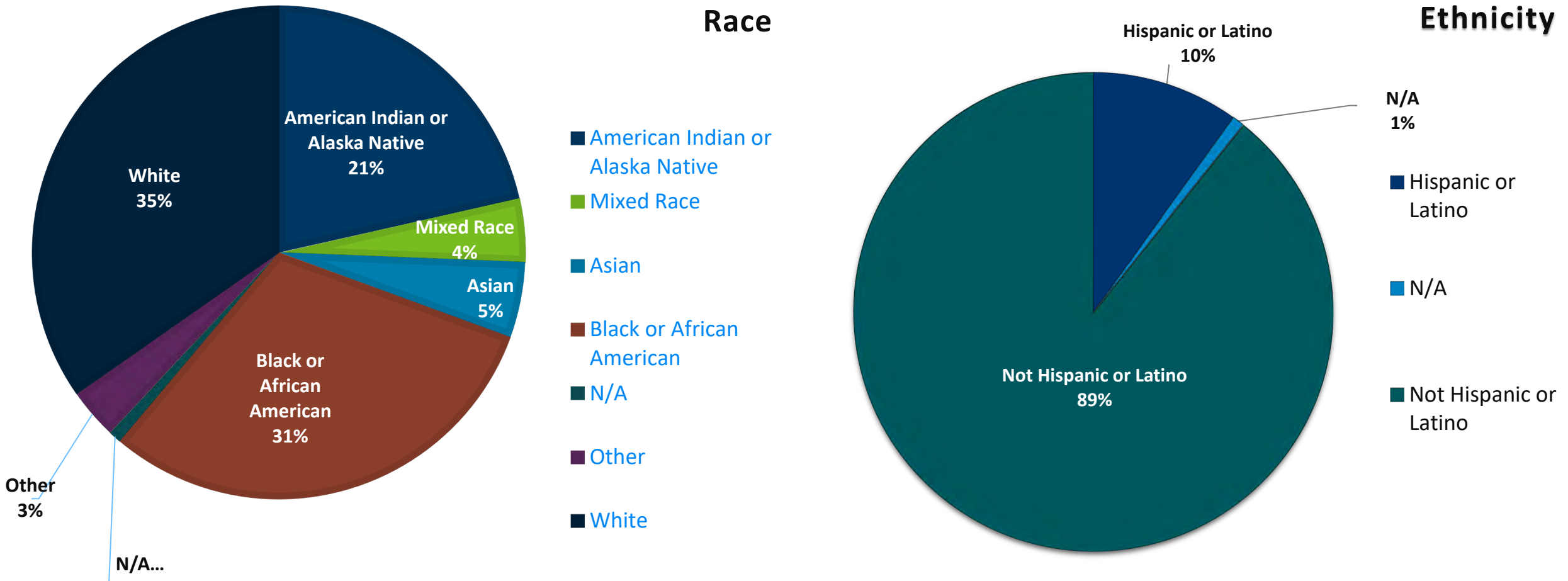
Applications are now open for Fall 2024 semester!

Apply for the CHW program at your chosen school

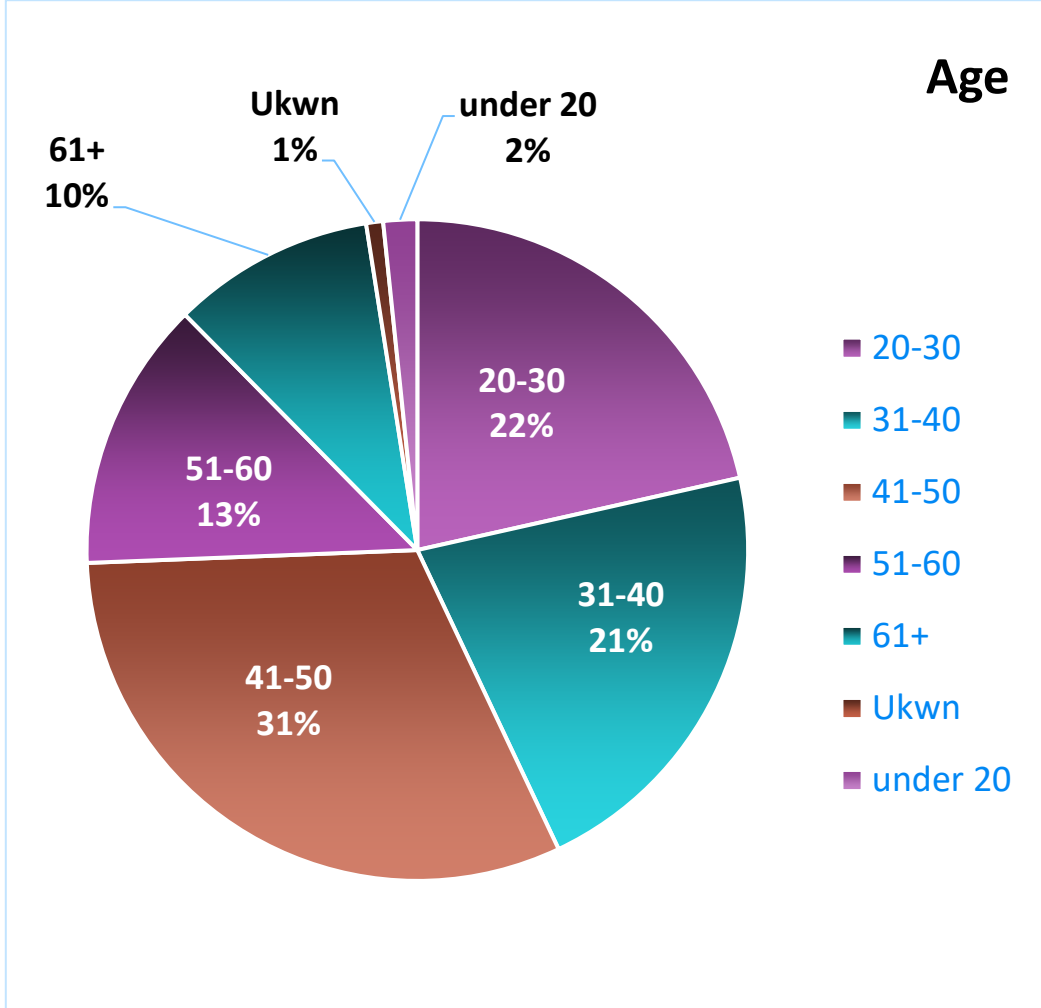
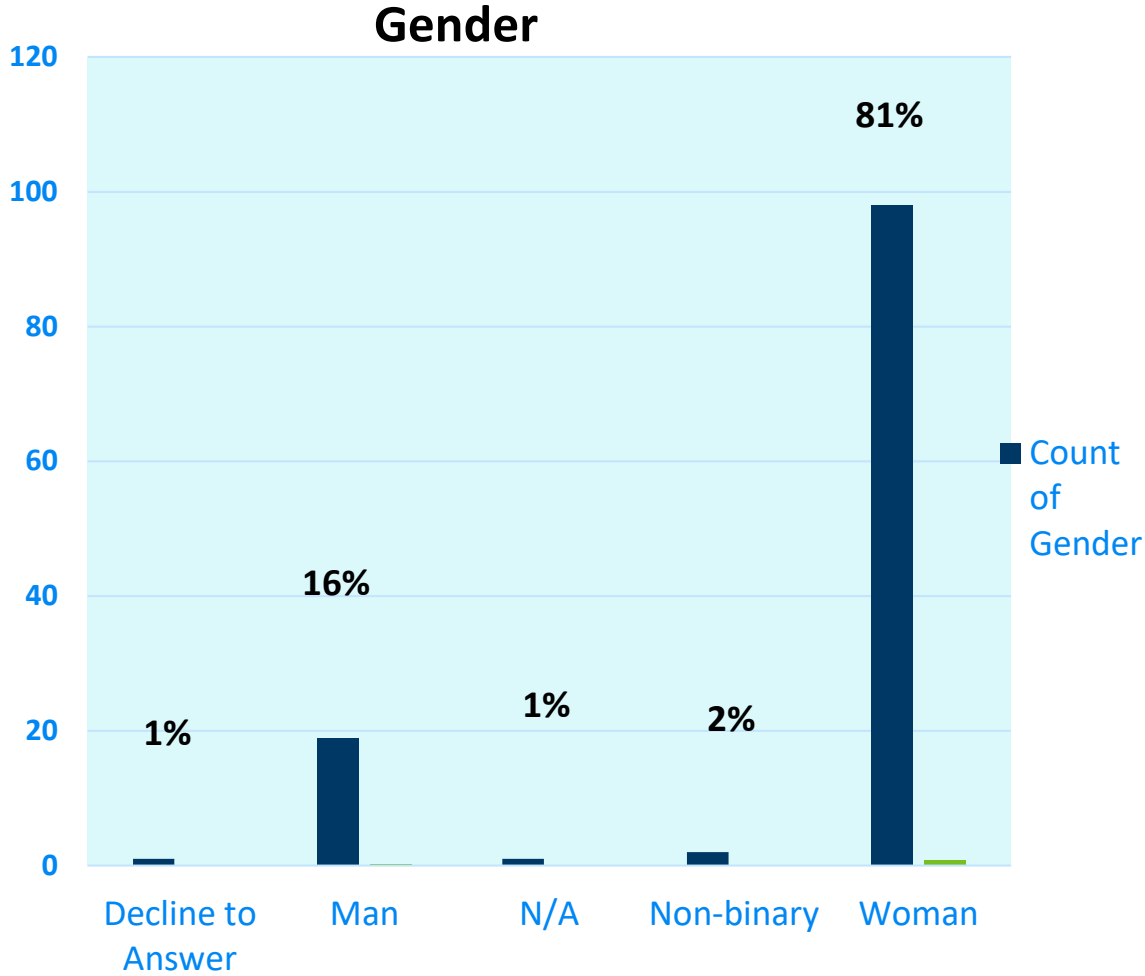
- Normandale Community College, Bloomington
- Minnesota West Community & Technical College, Worthington
- Northwest Technical College, Bemidji
- Saint Mary's University, Twin Cities Campus
- Saint Catherine University, St. Paul Campus

HRSA CHWTP Scholarship Recipients – Demographics

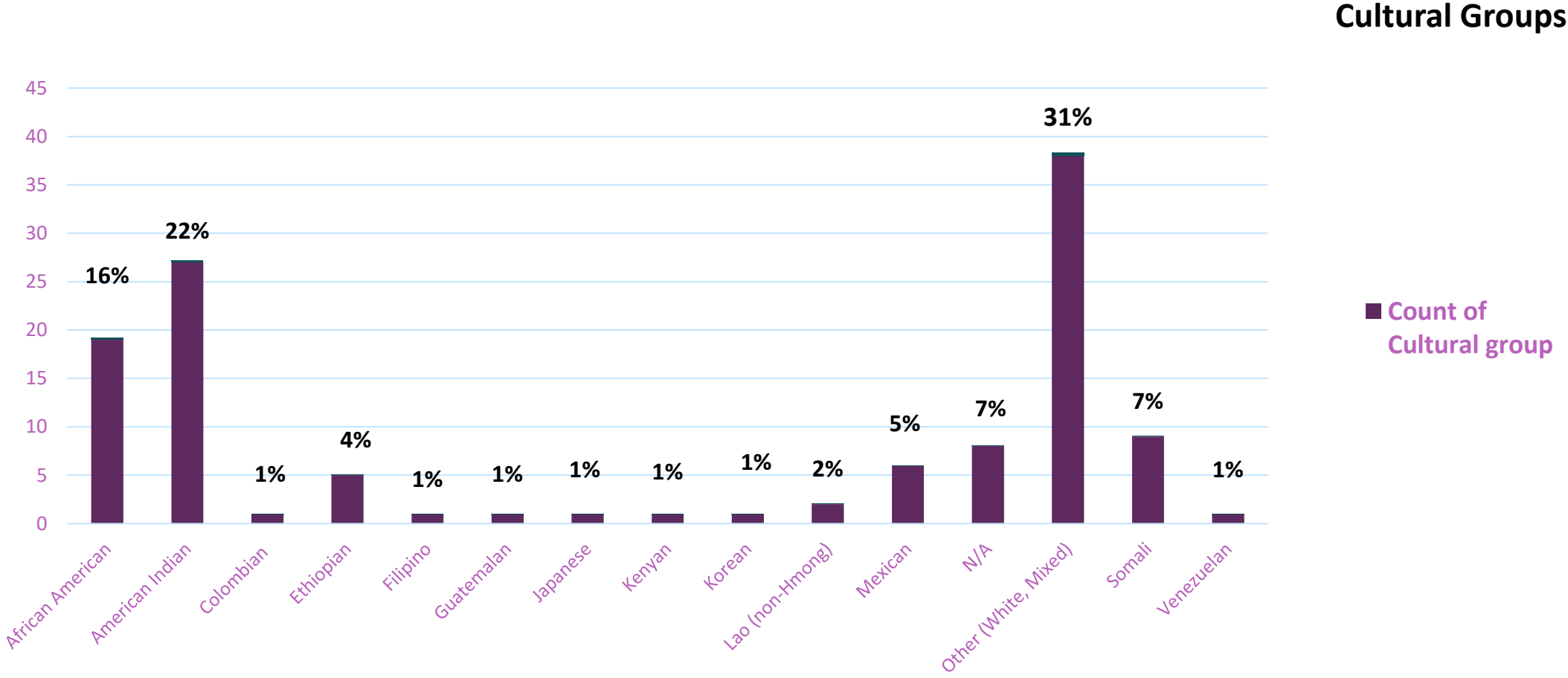
121 recipients were awarded the HRSA CHWTP scholarship for Fall 2023 and Spring 2024 Semesters



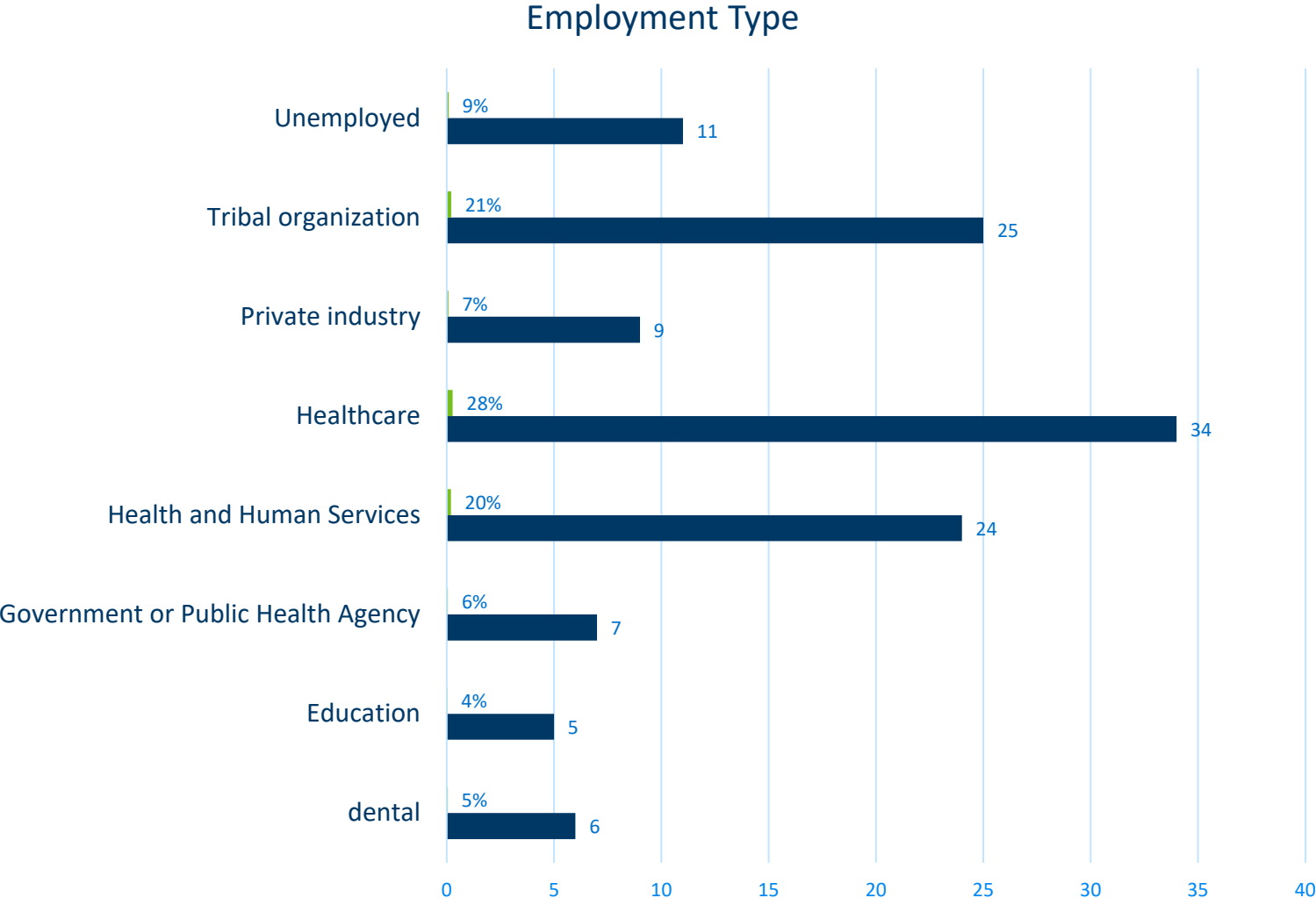
HRSA CHWTP Scholarship Recipients – Demographics



HRSA CHWTP Scholarship Recipients – Demographics



HRSA CHWTP Scholarship Recipients – HCH Clinics



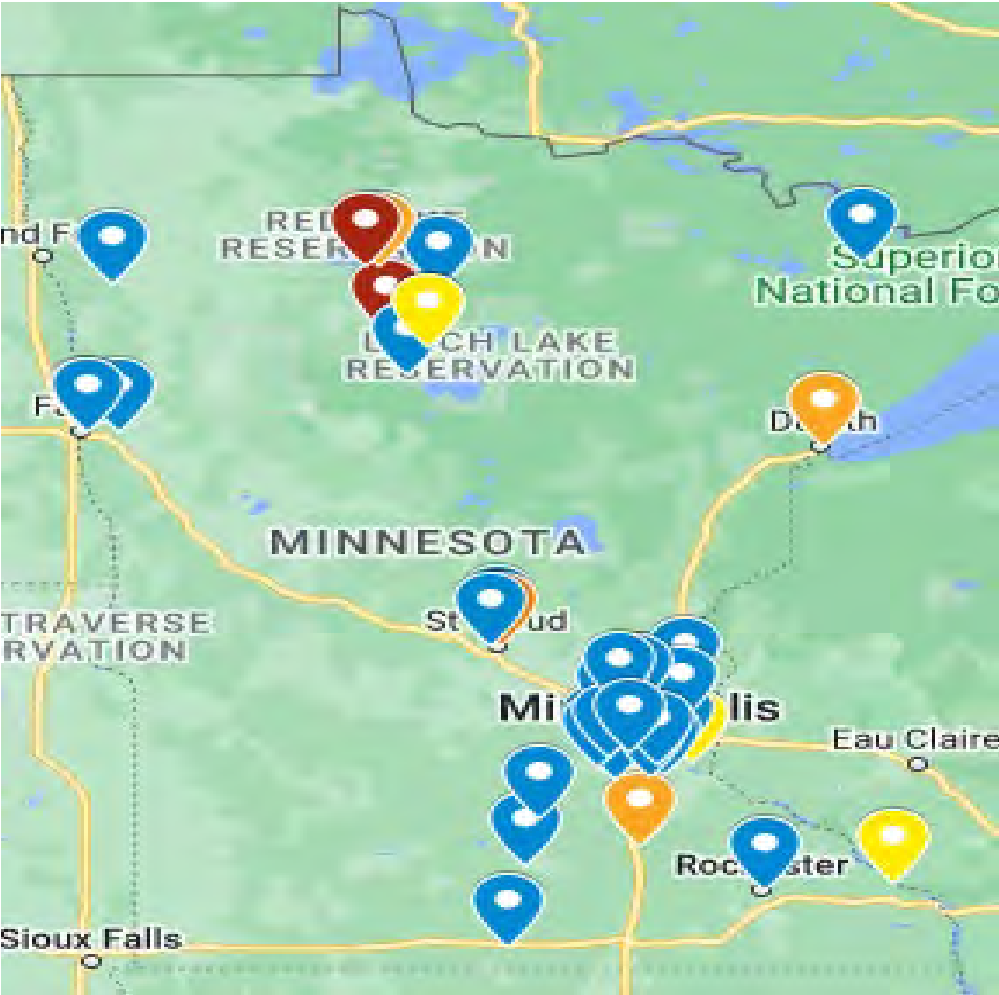
13 of the 121 CHWTP scholarship recipients work in a Health Care Homes certified organizations

List of Organizations:

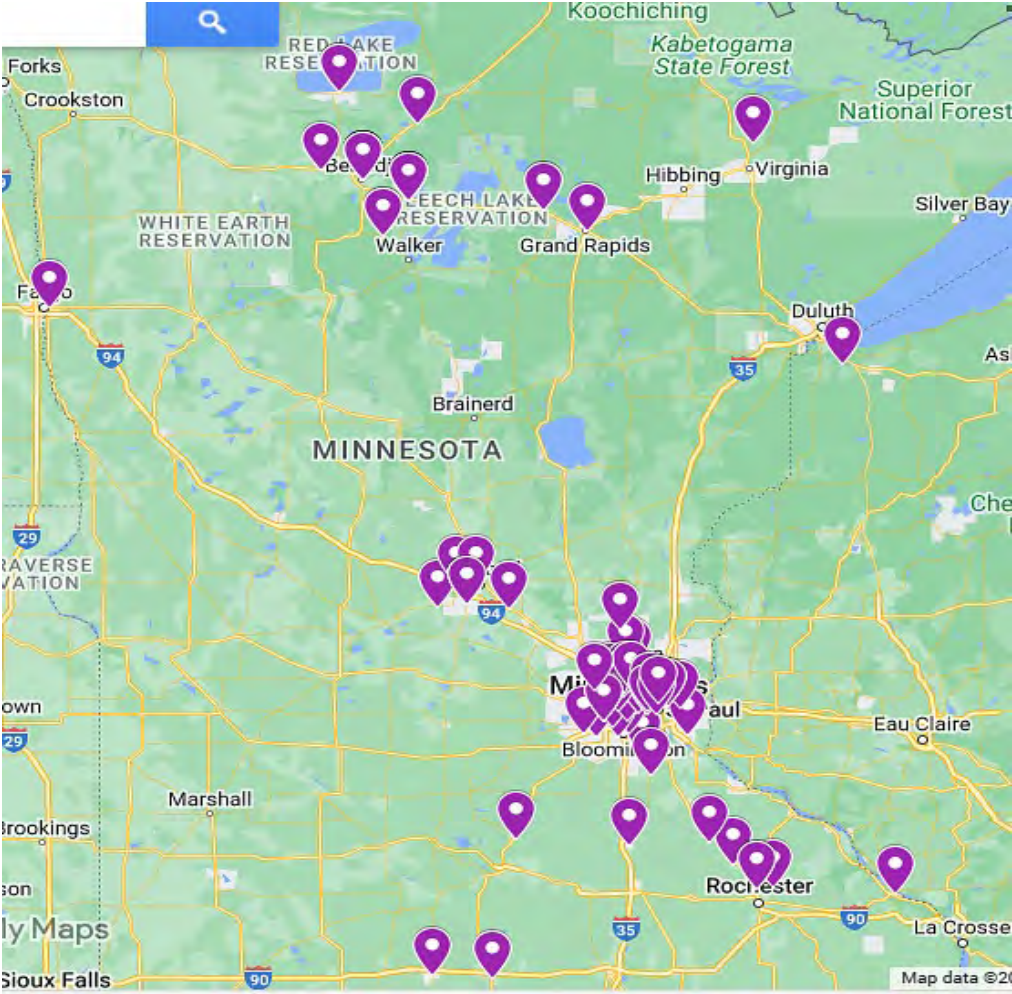
North Memorial Health, Fairview Health Services, CentraCare, HCMC, Allina Health, Mayo Clinic, University of MN Medical Ctr, Essentia Health, NorthPoint, Sandford Health and CUHCC

Distribution of Scholarship Recipients – Home Address

FALL 2023



SPRING 2024



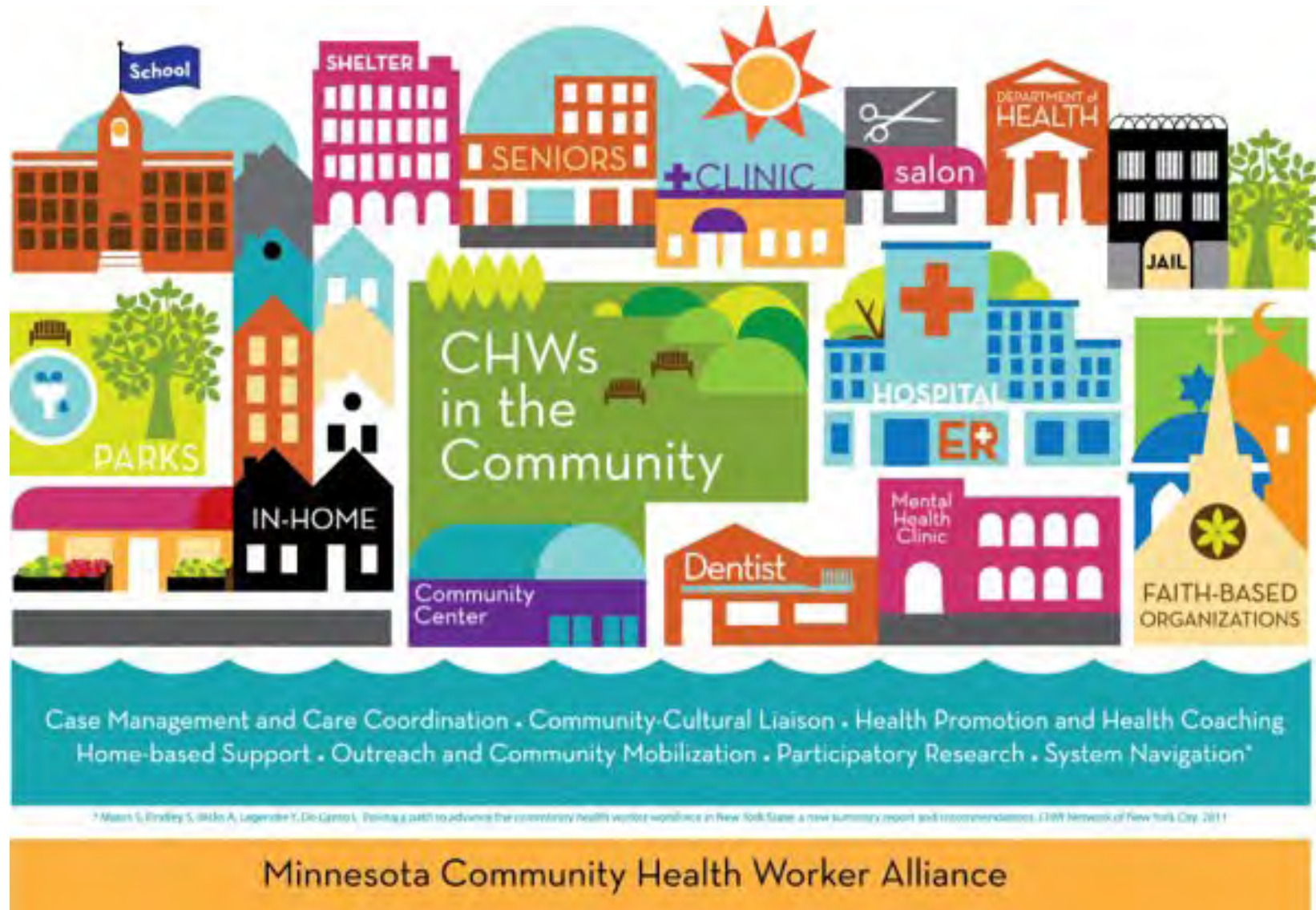
Map indicators

Blue: One applicant

Yellow: Two applicants

Orange: 3-4 applicants

Red: 5+ applicants



Registered Apprenticeship Program (RAP)

HRSA Grant CHW Apprenticeship Stipend

- Apprentice: CHW Certificate Training Program student or CHW Certificate Holder
- Apprentice must be student in last semester of training or have completed CHW certificate program
- Employer must be a registered apprenticeship site w/ MN Dept. of Labor and Industry
- MNCHWA support to CHWs and employers through employee readiness programs

Apprenticeship:

Benefits for CHWs:

- "Learn as you earn" Model
- Training and livable wage requirements
- Opportunity to apply for an additional stipend funded by the CHWTP
- Support from MNCHWA
 - Identify employment opportunities
 - Application/Hiring preparation
 - Support for CHW success throughout

Benefits for Employers:

- Increased structure for workforce development
- Shown to reduce staff turnover
- Support from MNCHWA and the MN Dept of Labor and Industry
 - Development of Apprenticeship Plan
 - Identify eligible CHW trainings
 - Prepare/Identify CHWs for employment
 - Support for CHW/employer success throughout

Registered Apprenticeship Program Components

- **Full-time employment sponsored by employer**
 - 1 year commitment (2,000 hours)
 - Full time = minimum 32 hrs/week
 - Wage determined by employer, ending in a livable wage for your geographic area
 - Employer sponsored benefits such as paid time off, medical or dental insurance, etc.
- **Training Requirements**
 - Structured on-the-job training: 2,000 hours with access to a mentor/supervisor
 - Related technical instruction: 144 hours, can include CHW Certificate Program instructional training
 - Employer Safety training: 50 hours

Process for Apprenticeship



Employer determines if Registered Apprenticeship will benefit their organization

With help and support from MNCHWA



Employer registers with the MN Department of Labor and Industry (DOLI)

MNCHWA will connect employers with DOLI and support this process



Employer hires an apprentice of their choice

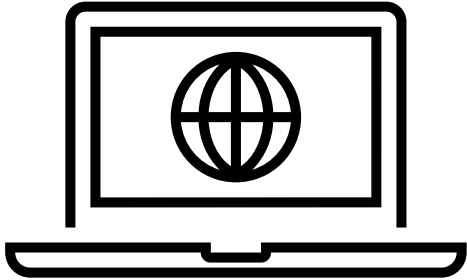
MNCHWA can help connect CHWs to employers



Apprentice Applies for additional stipend from CHWTP

Application on MNCHWA website

Upskilling Training and Materials Translation



Free online
CHWs training
modules



MNCHWA
Training Hub



CHW curriculum
materials
translation

CHW Training Modules - MDH Learning Center

Available Now!

- Arthritis Management
- Diabetes
- Human Trafficking
- Heart Health for CHWs
- Stroke Care for CHWs

Planned/In Progress

- Asthma
- Dementia
- Oral Health

Training can be accessed on the

MDH Learning Center

<https://www.health.state.mn.us/about/tools/learningcenter.html>

Additional CHW Training module topics can be sent to: health.chw.MDH@state.mn.us

Community Health Worker Training Program (CHWTP)



CHW Certificate Scholarship

Web: <https://mnchwalliance.org/chw-certificate-scholarship/>

Contact: Scholarship@mnchwalliance.org



Apprenticeship & Field Experience

Web: <https://mnchwalliance.org/apprenticeship/>

Contact: apprenticeship@mnchwalliance.org



CHW E-Learning Modules

Web: <https://www.health.state.mn.us/about/tools/learningcenter.html>

Contact: health.chw.MDH@state.mn.us



Funding for CHWs in MN

CHW positions are generally supported by:

- Grants – government and foundation
- General operating dollars
- Medical Billing and Reimbursement
 - Minnesota Health Care Programs (MN Medicaid)
 - CMS Medicare
- Sustainability often supported by evidence of outcomes and ROI

2024 Policy and Payment Landscape

Implementation of 2023 CHW Statute/Appropriations: [Sec. 144.1462 MN Statutes](#)

- Collaboration and coordination between state and community partners to develop, refine, and expand the CHW profession
- MNCHWA Capacity Building Grant | Operationalize Logic Model | Environmental Scan | Measurement

Policy Proposals on Expansion of CHW Scope of Services and Reimbursement in MN

- **Potential DHS statute language updates** - Changing “care coordination” to “system navigation”: [Statute 256B.0625](#), Subdivision 49c
- **Local Public Health Legislative Priorities** - [MN Inter-County Association \(MICA\)](#) proposing increased reimbursement rates and expanded scope for CHWs
- [MNCHWA Policy Priorities](#) - Removal of eligible provider billing requirement and billing of systems navigation
- [MPHA CHW Policy Resolution](#) - Expansion of reimbursement to include system navigation and other services

Expansion of Coverage for CHW Services

- [CMS Medicare](#) Coverage of [CHW services](#) to address health-related social needs
- DHS Coverage of Medicare CHW Service Codes for [MHCP](#) members

Disclaimer:

- The following information on CHW billing was compiled based on emerging information on Medicare and MHCP billing and reimbursement.
- MDH is not a representative of DHS or CMS.
- Please refer to CMS, MN DHS, and your organizational billing guidance.

MHCP CHW Education Services

- Diagnosis-related patient education services provided by a CHW ordered by and provided under general supervision by an MHCP-enrolled eligible provider
- Service involves teaching the patient how to self-manage health or oral health, using education or training consistent with establish or recognized health care standards
- Face to Face, individually or in a group in outpatient, home, clinic or community
- CHW services may be billed with CPT codes 98960, 98961, or 98962.
- Bill in 30-minute units: limit 4 units per 24 hours; no more than 24 units per calendar month per member

Medicare Coverage of CHW Services

New services covered by Medicare in 2024 to address health-related social needs including Community Health Integration, SDOH Risk Assessment, and Principal Illness Navigation Services.

- First codes specifically designed to describe services involving community health workers, care navigators, and peer support specialists
- Special provisions for FQHCs to bill for these services
- Special provisions that allow these services to be provided by personnel employed by CCHs/CBOs under the general supervision of the billing practitioner.

Highlights of the 2024 Medicare Physician Fee Schedule

- Social Determinants of Health (SDoH) risk assessment
- Community Health Integration (CHI)
- Principal Illness Navigation (PIN)

Social Determinants of Health (SDoH) risk assessment Definition

SDoH may include but are not limited to food insecurity, transportation, housing, access to public utilities that significantly limiting the providers ability to diagnose or treat the problem(s) addressed in a community health integration (CHI) initiating visit

- Frequency: Once every six months
- Completed during an E/M visit with documentation

Community Health Integration (CHI)

Community health integration (CHI) Definition:

Services are intended to **provide tailored support and system navigation to help address unmet social needs** that significantly limit a practitioner's ability to diagnose or treat medical problems or treatment plans.

CHI services include items like:

- Person-centered planning
- Health system navigation
- Facilitating access to community-based resources
- Practitioner, home and community-based care coordination
- Patient self-advocacy promotion

Principal Illness Navigation (PIN)

Principal Illness Navigation (PIN) Definition:

Services provided to address SDoH needs that **significantly limit ability to diagnosis or treat problem(s)** addressed in an initiating E/M visit **for patients with high-risk diseases** where patient navigation is reasonably necessary such as: *Cancer, COPD, CHF, Dementia, HIV/AIDS, SPMI, SUD.*

PIN services include items like:

- Health system navigation
- Person-centered planning
- Identifying or referring patient and caregiver or family, if applicable, to supportive services
- Practitioner, home, and community-based care coordination or communication
- Patient self-advocacy promotion
- Community-based resources access facilitation

Overview of Services: Medicare CHI and PIN Codes

CHI SERVICES

- Person-Centered Assessment
- Facilitating patient-driven goal setting
- Providing tailored support
- Coordination and communication with practitioners, providers, hospitals, SNFS, HCBS, etc.
- Coordination of care transitions
- Facilitating access to community-based social services
- Health education
- Building patient self-advocacy skills
- Health care access/ health system navigation
- Facilitating and providing social and emotional support
- Leveraging lived experience when applicable

PIN SERVICES

- Person-Centered Assessment
- Patient-driven goal setting
- Providing tailored support
- Coordination and communication with practitioners and HCBS
- Coordination of care transitions, Home and Community Based Care
- Facilitating access to social services
- Health education
- Building patient self-advocacy skills
- Health care access/ health system navigation
- Facilitating behavioral change and providing social and emotional support
- Leverage knowledge of the serious condition

SDOH Related Services and Coverage: Medicare & MHCP

Services	Description	HCPCS Codes	Medicare?	*MHCP?
Community Health Integration (CHI)	Addressing the SDOH need(s) interfering with, or presenting a barrier to, diagnosis or treatment of the patient's problem(s). Performed by Auxiliary personnel, including CHWs.	60 min: G0019 Add 30 min: G0022	Yes	Yes
Principal Illness Navigation (PIN)	Health care navigation as part of the treatment plan for a serious, high-risk disease expected to last at least 3 months, that places the patient at significant risk of hospitalization or nursing home placement, acute exacerbation/decompensation, functional decline, or death. Performed by Auxiliary personnel, including care navigators.	60 min: G0023 Add 30 min: G0024	Yes	Yes
Principal Illness Navigation – Peer Support (PIN-PS)	PIN services for patients with a serious, high-risk behavioral health condition. Performed by Auxiliary personnel, including peer support workers.	60 min: G0140 Add 30 min: G0146	Yes	TBD
	CHI and PIN services performed by a FQHC/RHC	G0511	Yes	No
SDOH Risk Assessment	SDOH risk assessment once every 6 months performed by billing practitioner , may include but not limited to food, transportation, housing, public utilities, etc.	G0136	Yes	Yes

Source: [Partnership to Align Social Care Webinar: The Medicare Physician Fee Schedule \(PFS\) Includes Codes to Address HRSNs...What Happens Next?](#), 2023

Medicare CHI and PIN Codes

Key considerations

- All codes require an initiating E/M visit performed by an eligible billing provider (physician or non-physician practitioner)
- General supervision required
- Billed monthly and calculated in aggregate, no frequency limitation
- Can include non-face-to-face time
- Consent and cost-sharing required
- Defer to state requirements for education and training for auxiliary personnel
- CBOs can enter into a third-party contract arrangement with billing provider to provide services

Source: [Partnership to Align Social Care Webinar: The Medicare Physician Fee Schedule \(PFS\) Includes Codes to Address HRSNs...What Happens Next?](#), 2023

Medicare Billing Resources

- Partnership to Align Social Care

- [HRSN Codes Implementation Resources | Partnership to Align Social Care \(partnership2asc.org\)](#)
- Webinar: The Medicare Physician Fee Schedule (PFS) Includes Codes to Address HRSNs...What Happens Next? Link to recording and slides.
- [FINAL-Understanding-Medicare-PFS-Schedule-Primer.508.pdf \(partnership2asc.org\)](#)

- CMS

- Federal register which includes information about the rulings on [CHI](#) (pg. 307) and [PHN](#) (pg. 361)
- CMS PFS Final Rule Fact Sheet: <https://www.cms.gov/newsroom/fact-sheets/calendar-year-cy-2024-medicare-physician-fee-schedule-final-rule>
- [MLN9201074 - Health Equity Services in the 2024 Physician Fee Schedule Final Rule \(cms.gov\)](#)

References

- McNeill, T. P. (2023, November 15). *The Medicare physician fee schedule includes codes to address HRSNs... what happens next?* [PowerPoint Slides]. [Partners headlines \(partnership2asc.org\)](https://partnership2asc.org)
- Medicare Learning Network (MLN), Center for Medicare and Medicaid Services (CMS). (2024, January). *MLN Booklet, Health Equity Services in the 2024 Physician Fee Schedule Final Rule.*

[MLN9201074 - Health Equity Services in the 2024 Physician Fee Schedule Final Rule \(cms.gov\)](https://www.cms.gov/MLN9201074-Health-Equity-Services-in-the-2024-Physician-Fee-Schedule-Final-Rule)

- Minnesota Department of Human Services (DHS) (2024, February 14). *Minnesota Health Care Program (MHCP) Provider Manual, Community Health Workers.*

[Community Health Worker \(CHW\) \(state.mn.us\)](https://state.mn.us/health-care-program-provider-manual-community-health-workers)



Thank you!



For more information, please contact:

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