

MEETING MINUTES

Community Health Worker (CHW) Workgroup
Thursday, April 19th, 2018 1:00 pm – 2:30 pm
Indiana Government Center South, Conference Rooms 1 + 2

Members Present

Rebecca Adkins, *Systems Director-Population Health*, Ascension

Kathy Cook, *Executive Director*, Affiliated Services Provider of Indiana (ASPIN)

Terry Cook, *Assistant Director*, Division of Mental Health and Addiction

Derris Harrison, *Long Term Care Reimbursement Manager*, Office of Medicaid Policy and Planning

Margarita Hart, *Executive Director*, Indiana Community Health Workers Association (INCHWA)

Judy Hasselkus, *Chair, Program Director, Employer Engagement and Sector Specialist for Health Care, Ag., and Life Science*, Department of Workforce Development (DWD)

Laura Heinrich, *Co-Chair, Director of Cardiovascular Health and Diabetes*, Indiana State Department of Health

Rick McComb for Mandy Rush, *Director of Community Services*, Mental Health America of Northeast Indiana

Carol Weiss-Kennedy, *Director of Community Health*, IU Health Bloomington

Members Absent

Rick Diaz, *Chief Executive Officer*, HealthNet

Don Kelso, *Executive Director*, Indiana Rural Health Association

Jennifer Long, *Administrator of Community Based Care*, Marion County Public Health Department

Mary Anne Sloan, *Vice President Health Care*, Ivy Tech Community College

Lisa Staten, *Department Chair of Social and Behavioral Sciences*, Richard M. Fairbanks School of Public Health

Andrew VanZee, *Vice President*, Indiana Hospital Association

Reactor Panel

Roshawnda Thompson, Health advocate from St. Vincent

Christine Dubridge Monroe, CHW clinical supervisor

Wilma Griffin, CHW direct supervisor, WeCare program

Welcome

Judy Hasselkus calls the meeting to order at 10:00am and welcomes all workgroup members.

Review of Previous Meeting Minutes* and Roll Call

Judy Hasselkus asks for a roll call and roll was taken. She then asks for a motion to approve the meeting minutes from the March 20th, 2018 meeting that were distributed to workgroup members in advance of the meeting. Kathy Cook makes a motion to approve the minutes. Rebecca Adkins seconds this motion. All members approve. No opposition. Motion carries.

Overview of Occupational Licensing

Geoff King (Senior Policy Analyst, Economic Opportunity Division, National Governors Association [NGA] Center for Best Practices) was invited as a speaker to provide the workgroup with an overview of occupational regulation. Geoff King is Indiana's main contact for Indiana's participation in the Occupational Licensing Policy Learning Consortium, a project hosted by NGA, National Conference of State Legislatures (NCSL), and Council of State Governments (CSG; supported by the Department of Labor). As a part of this project, Indiana receives technical assistance from national experts in occupational regulation, including Geoff. Geoff joins the meeting through an online webinar and presents via conference line. Geoff presents an overview of occupational licensing. He describes the Consortium further, stating that there is a project in place to assist states in identifying appropriate regulation for occupations. This includes reviewing current licensing criteria to ensure that requirements are not overly broad, burdensome, or restrictive and ensure states do not have unnecessary barriers to labor market entry. The project also assists in improving the portability of licenses across state lines.

Geoff King describes the three organizations serving as Project Partners for the Occupational Licensing Policy Learning Consortium. NGA is a bipartisan organization of the nation's governors. The Center for Best Practices develops innovative solutions to the most pressing public policy changes. He describes the CSG as a region-based forum that fosters the exchange of insights and idea to help state officials shape public policy. CSG aims to pursue priorities of member states, facilitate multistate solutions, and be a respected and trusted source for best practices and policy expertise. He describes NCSL as a bipartisan organization that serves legislators and staff in all 50 states and territories. Their goals are to improve the quality and effectiveness of state legislatures, promote policy innovation and communication among state legislators, and to provide state legislatures a strong voice at the federal level.

Geoff further describes the background of the Consortium. He states that over the last 60 years, the number of jobs requiring an occupational license has grown from about 1 in 20 to more than 1 in 4. He states that most occupations are licensed at the state level and licensed practitioners typically must acquire a new license when they move states. He identifies four populations with specific licensing challenges: military veterans/spouses, immigrants with work authorization/foreign-trained individuals, people with a criminal history, and dislocated/long-term unemployed workers.

Geoff King presents an overview of the Occupational Licensing Policy Learning Consortium. Eleven states (including Indiana) are participating. The Consortium provides a forum for executive/legislative branch team members and their expanded stakeholder groups to learn about occupational licensing best practices, identify current policies that create unnecessary barriers to labor market entry, create action plans that focus on removing barriers to labor market entry, and improve portability and reciprocity for select occupations. He explains that the key activities taking place across the 11 states are focusing on occupations of interest, focusing on broader labor pools, identifying differences in centralized vs. decentralized structures, and creating sunrise and sunset provisions.

Lauren Block (Program Director, Health Division, National Governors Association Center for Best Practices) presents an overview of legislation and regulatory requirements for CHWs throughout the United States. She states that there is significant diversity among states, and that CHW workforce regulation is a constantly evolving landscape. She explains that some of the legislation/regulation adopted by other states include: establishing a commission or advisory board, defining supervision, defining scope of practice, developing a certification process, developing a process for approval of training programs, establishing a core curriculum, requiring inclusion of CHWs in certification or curriculum development, defining reimbursement, and creating disciplinary actions.

Lauren discusses how education and certification vary from state-to-state. In regards to education, there is variation among states; some states do not adopt a curriculum approval process, other states provide/approve training and/or core competencies, and some states recognize training programs/education that were developed by non-profits, educational institutions, and/or other vendors. Certification also varies among states; some states do not have certification, others have voluntary or optional certification offered by the state or a board, and some states require certification and continuing education for reimbursement.

Lauren also describes a range of different state approaches in regards to financing. Some of the financing options that states are utilizing include the Medicaid Managed Care Plan (through care coordination), Medicaid State Plan Amendment (reimbursing diagnosis-related health education services), Medicaid 1115 Demonstration Waivers (pilot projects to demonstrate the value of CHW contributions), providers/other employers, and grants to cover costs associated with employing CHWs.

Lauren Block then begins to describe case studies for CHW legislation/regulation in other states. Massachusetts has a Board of Certification in their Health Professions Licensure Bureau (within their department of public health) that oversees certification for CHWs. The Board proposes regulation standards that govern the certified-CHW profession. Massachusetts Medicaid doesn't directly reimburse for CHWs but Accountable Care Organizations (ACOs) and Managed Care Plans are encouraged to use CHWs to deliver care.

Lauren also describes Nevada's current regulatory structure. She states that Nevada has legislation defining a CHW. They also have regulation to approve training programs, define continuing education, describe background check requirements, and criteria for interacting with clients. They do not have a certifying body, state certification, or direct Medicaid reimbursement. Nevada's CHWs are generally funded by federal grants.

Lauren also describes Ohio's CHW landscape. In Ohio, CHW regulation falls under the nursing board. Certification for CHWs is voluntary.

Lauren Block also presents a framework on the underlying goals of health workforce strategy to guide the facilitated discussion. She explains that improving access to care, ensuring high quality care, improving efficiencies within the health system, and increasing economic development all contribute to the development and creation of the workforce strategy.

Margarita Hart asks where the social determinants of health are considered in this model. Lauren Block responds that social determinants of health are considered at every pillar in the model.

Margarita Hart asks how other states address barriers to entry for CHWs. Lauren Block responds that in some cases, there are tiers of what is required of CHWs. She states that certification is often times not required unless an individual wants to have the title or works for a certain entity that *does* require certification. Geoff King states that in regards to regulation, there are certain groups of individuals that would have more barriers to overcome than others would. He states that there are numerous different factors to consider when looking at barriers.

Discussion of Occupational Regulation Framework

Hannah Maxey facilitates the discussion surrounding occupational regulation. She describes the regulation that will be considered in discussion: occupational regulation (registry, state certification, or licensure) and education/training regulation (standardized core curriculum vs. competency-based training program). She describes the variables that will be assessed for each of these regulation considerations: public safety, access, quality, workforce development, and labor market entry. The reactor panel (comprised of CHWs and CHW supervisors) will share any comments they may have from their CHW perspective.

The summary of the workgroup’s responses can be found in the table below.

		1 = Positive Outcome 2 = Somewhat Positive 3 = Mixed Outcome 4 = Somewhat Negative 5 = Negative Outcome				
		<i>Public Safety</i>	<i>Access</i>	<i>Quality</i>	<i>Workforce Development</i>	<i>Labor Market Entry</i>
<i>Occupational Regulation</i>	Registry	2.3	1.7	3	1.7	2.7
	State Certification	1.3	2.3	1.7	1.7	1.7
	Licensure	3	5	3.5	4	4.5
<i>Education/ Training Regulation</i>	Standardized Core Curriculum	Did not complete due to time limitations				
	Competency Based Training Programs					

*Note: Only two small groups reported out on licensure; the third group did not have time to discuss this level of regulation.

In general, most workgroup members reported that State Certification faired best of the three occupational regulation tiers for public safety, quality, and labor market entry. Licensure was seen as the least favorable regulation for ensuring access to care and the most restrictive for labor market entry. In regards to the registry, one small group reported “registry is the least favorable for ensuring quality of the workforce; it is just a name on a list and does not monitor what training an individual has received in order to be on the list.”

The reactor panel, comprised of one CHW and two CHW clinical supervisors, expressed confusion on the difference between a registry and state certification. Geoff King responds that a

registry does not imply verification of training requirements, whereas state certification does. The reactor panel responded that overall, they felt that licensure was the most favorable level of occupational regulation because “they believe the CHW practice should be protected.” The reactor panel also responded to the larger workgroup’s conclusion that licensure would negatively affect access, stating “the most important determining factor for patient access is the geographic relationship between where patients and where CHWs are employed.”

Unfortunately, the workgroup did not have the opportunity to discuss education/training regulation (standardized core curriculum, competency-based training programs) due to time limitations. This, along with an update from FSSA on CHW initiatives, will be held until the next meeting.

Closing and Adjourn

Chairwoman Judy Hasselkus thanks all participants for their contributions. She calls the meeting to adjournment at 11:30 am and reminds workgroup members of the next meeting on Tuesday, June 5th, from 11:00 am -12:30 pm at the Indiana State Department of Health (ISDH) in the 5th floor training room.