

## MEETING MINUTES

Community Health Worker (CHW) Workgroup  
Thursday November 8<sup>th</sup>, 2018 10:00 am – 11:30 am  
Indiana Government Center South  
302 W. Washington St., Indianapolis, IN  
Conference Room C

### Members Present

**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

**Hannah Burney**, Office of Medicaid Policy and Planning

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

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

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

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

**Rick McComb (for Lisa Smith)**, *Executive Director*, Mental Health America of Northwest Indiana)

**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

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

### Members Absent

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

**Rick Diaz**, *Chief Executive Officer*, HealthNet

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

### Welcome

Chairwoman Hasselkus calls the meeting to order at 10:02am. Hasselkus states that since the previous meeting, the Governor's Health Workforce Council moved to adopt the recommendations generated by the CHW Workgroup. She introduces Indiana State Department of Health (ISDH) Commissioner Dr. Kristina Box who would like to address the workgroup.

### Updates from Indiana State Department of Health

Box expresses gratitude for workgroup members' efforts and service to provide recommendations to the Governor's Health Workforce Council that were adopted in August. Box states that community health workers (CHWs) are a top priority of ISDH, as they are considered frontline public health workers and critical to the public health workforce. Box adds that CHWs are especially critical to moving the needle on top health priorities in the state, including reducing Indiana's infant mortality rate, as many social determinants of health such as transportation, employment, access to childcare, and insurance status can be major barriers to women getting appropriate care during pregnancy. Box states that CHWs help to bridge the gap between health care and social issues. This connection is critical, as CHWs frequently help identify these challenges and connect women to needed resources.

Box states that ISDH has a longstanding history of supporting the CHW workforce and supporting workforce development in this area. Box adds that reimbursement for this workforce is also a critical factor, and one where Indiana has made significant strides in partnership with the Family and Social

Services Administration (FSSA) and the Professional Licensing Agency (PLA). Box adds that until recently many initiatives related to this workforce occurred in siloes, but efforts such as the Governor's Health Workforce Council provided a forum to allow coordination of efforts and all related initiatives.

Box describes that moving forward, it will be important to ensure the CHW workforce is properly trained for the roles in which they are serving, which may be in maternal/child health, or in other areas such as chronic disease. She adds that this workforce generally works with vulnerable populations and in settings such as patients' homes. Additionally, CHWs usually have access to personal and protected health data. Box states that as Indiana seeks to advance this workforce, it will be important to ensure alignment with training, certification, and reimbursement to ensure qualified individuals are delivering quality care. Box states that a registry of CHWs will be maintained at ISDH. She adds that ISDH recognizes that not all CHWs work in roles with higher risk; some do not provide care in patients' homes as many work in community-based settings, providing supportive services under direct supervision and with minimal risks. As such, CHWs operating in lower risk environments may require a different type of regulation.

Box states that ISDH is committed to serving as a regulatory entity as previously mentioned, to certify CHWs moving forward. As a first step, Box states that ISDH has begun working with PLA to determine priorities for "grandfathering" current CHWs that satisfy qualifications and are already functioning in these roles. However, there are many steps that still need to be determined in that process, such as "How do we go forward to establish this process going forward?", "What does this certification look like?" "To what body will CHWs submit their certification?", "what is the process for certifying curriculum or training programs?" Box adds that the process for CHWs will likely be similar to that for certified nurse aides in Indiana. Box adds that there may need to be established a governing body housed at ISDH or an advisory committee for ISDH. Box closes by thanking the workgroup again for their service, adding that their work has been critical to centralizing disparate initiatives and moving the community health worker initiative forward. Box invites those who would still like to contribute to assist in the coming implementation phase. Box opens the floor for any questions.

- Hasselkus asks how the workgroup can be of support to ISDH in the near term. Box responds that input from the group on implementation of grandfathering provisions will be beneficial. She charges the workgroup to consider questions such as, "How long should grandfathering be accepted?" "What is the process for certifying these individuals?" "What kind of materials should be presented to ISDH in order to be registered?" Box adds that tracking and monitoring the health workforce is a value to her agency and the state.
- No additional questions from workgroup members.

### **Review (Approval) of Previous Meeting Minutes\* and Roll Call**

Hasselkus asks for comments, corrections, amendments, or a motion to approve previous meeting minutes. Kathy Cook makes a motion to approve the minutes. Don Kelso seconds this motion. All members approve. No opposition. Motion carries.

### **Discussion of Next Steps**

Hasselkus opens the floor for discussion following Box's address. Hart states that addressing social determinants of health is a priority for ISDH as well as the CHW workforce. Hart asks for clarification on the role of FSSA on the certification going forward. Burney states that staff in the Office of Medicaid Policy & Planning have been working closely with ISDH staff to develop a registry and ensure coordination of initiatives.

Heinrich adds that the registry referenced by Dr. Box will serve to qualify individuals to be reimbursed by Medicaid under a rendering provider. Heinrich adds that the PLA has been involved in the registry creation processes as well, similar to the process with certified nurse aides. Heinrich adds that the current

Medicaid ruling has identified several current training providers in the state but there may be other training providers that were not named but may train to the approved competencies. Therefore a process for validating training providers will be important. Heinrich states that the grandfathering piece referenced by Dr. Box is the process to identify current qualified CHWs to be added to the registry and thus be made eligible for reimbursement.

Hasselkus summarizes Dr. Box's address and the group's discussion, that there is an acute short-term need to address certain issues related to grandfathering to facilitate reimbursement. Then, a longer-term need for the state is to establish an advisory body to provide input on the CHW workforce moving forward. Hasselkus poses to the group whether making recommendations for implementation of grandfathering is a desire within the workgroup. The workgroup generally affirms this statement.

Hasselkus states that grandfathering has been touched on in previous meetings, but there was not enough time in previous meetings for the workgroup to prepare a detailed consensus recommendation. Hasselkus adds that as the registry is being developed, there are many details that need to be finalized and this group has the expertise to prepare informed recommendations in this area, specifically on what types of information should be collected/maintained on CHWs, as well as a process for reviewing curriculum or training programs to ensure consistency and alignment with adopted competencies. Hasselkus references that the Indiana CHW Association (INCHWA) has served to review and validate training vendors and may have already created a tool for curriculum review.

Kathy Cook (K. Cook) asks for clarification on timeline. Casey Kinderman is ISDH staff and provides comment. Kinderman responds that ISDH is working with PLA to receive an updated timeline for implementation. Burney adds that from the Medicaid perspective, they are already reimbursing for CHW-delivered services and are hopeful while awaiting final approval of the state plan amendment. Kelso adds that the current reimbursement structure is narrow. Kelso adds that from the rural health perspective, he anticipates a push to broaden the scope of reimbursement for this workforce.

Hart states that employer engagement is critical to the work of the workgroup. Hart adds that there should be an effort for employer education and support, as well as understanding from the employer perspective what barriers to CHW employment may exist. Hart adds that this information is critical to ensuring the individuals that Indiana is certifying are truly employable. She adds that even if reimbursement is secured, if employers do not find it sustainable, then the workforce is not sustainable. Weiss-Kennedy responds that CHWs are discussed at many executive leadership meeting. Weiss-Kennedy continues that previous CHW funding support has been through grants, which has limitations in terms of sustainability. She agrees that the employer perspective would be beneficial to this work moving forward. Staten responds that she recently conducted a survey of employers across the state to identify barriers. Hart adds that the biggest barrier that was identified from employers is lack of data on a return on investment. Hart adds that unfortunately this will continue to be a limitation until someone chooses to invest in studying this. Hasselkus responds that the creation of a registry provides insight to workforce tracking, including allowing an opportunity to understand employment trends.

Hasselkus summarizes discussion, stating that the workgroup has expressed consensus in providing additional assistance to ISDH to inform grandfathering provisions.

### **Next Steps**

Hasselkus begins to review what components of grandfathering may need to be considered by the workgroup in order to make thorough and easily implemented recommendations to ISDH.

VanZee comments on the formal establishment of an advisory group. He states that while the workgroup can help initiate these conversations, a formal advisory group will be responsible for carrying the torch. Hasselkus responds that while the current workgroup can still provide influential input into this process.

Hart asks if additional guests should be invited to participate in future conversations. Hasselkus asks workgroup members for thoughts and input. T Cook responds that it is a balance; the more perspectives, the more consensus-building required.

Staten asks whether any proposed grandfathering recommendations would occur prior to the establishment of an advisory body. VanZee responds that these recommendations would likely be delivered to ISDH directly.

Terry Cook (T Cook) states that the potential budgetary impact are important components to these discussions. He expresses concern that an unfunded mandate would likely not be beneficial to CHW workforce development. VanZee responds that regardless of funding, grandfathering will be a critical component to successful implementation, which is already underway.

Hasselkus describes potential next steps to the workgroup, including formation of subgroups versus meeting again as a full group. The workgroup reached consensus on a preference to break into small groups within a large group meeting, then report back and discuss as a larger group. The workgroup determined that they would like to meet sooner rather than later, ideally in December. The workgroup also expressed interest in receiving informational materials on grandfathering from other states to be reviewed in advance of the December meeting.

### **Closing**

Chairwoman Hasselkus thanks all workgroup members for their contributions. Hasselkus states that workgroup members will receive information from the Bowen Center on next steps and research materials in advance of the next meeting. Hasselkus calls the meeting to adjourn at 11:10am.