

MEETING MINUTES
Community Health Worker (CHW) Workgroup
Tuesday, March 20th, 2018 10:00-11:30am
Indiana Government Center South, 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*

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

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

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

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

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

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

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

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

Andrew VanZee, *Vice President, Indiana Hospital Association*

Members Absent

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

Rick Diaz, *Chief Executive Officer, HealthNet*

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

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

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 February 13th, 2018 meeting that were distributed to workgroup members in advance of the meeting. Margarita Hart makes a motion to approve the minutes. Kathy Cook seconds this motion. All members approve. No opposition. Motion carries.

Voting: Course of Action for Workgroup*

Judy Hasselkus refers to the document, “Proposed Direction/Vision for the Future of the Community Health Worker (CHW) Occupation in Indiana” that was distributed to the workgroup members. She asks if the group wishes to formally adopt this as the guiding document for its work.. Kathy Cook makes a motion to approve. Rebecca Adkins seconds this motion. All members approve. No opposition. Motion carries.

Review and Voting: CHW Competencies and Skills*

Judy Hasselkus refers to the document “CHW Competencies and Skills” to review the workgroup feedback and proposed amendments discussed at the previous workgroup meeting. She states that the workgroup will now review, engage in final discussions, and vote for the adoption of baseline competency and associated skills.

Competency 1: Communication Skills

Judy Hasselkus asks for any final discussion and/or a motion to approve the proposed final skills.

Margarita Hart suggests that “culturally appropriate language” should be included in each skill of the competency and Lisa Staten states that an English language competency should be clear.

Andrew VanZee suggests adding, “Ability to use culturally appropriate language” as an additional skill in this competency. Workgroup members express verbal agreement to this recommendation.

Judy Hasselkus asks for a motion to approve this proposed amendment, along with the proposed final skills of culturally appropriate language. Andrew VanZee makes a motion to approve. Rebecca Adkins seconds this motion. All members approve. No opposition. Motion carries.

COMPETENCY	<u>SKILLS: FROM C3 PROJECT (Source)</u>	<i>SKILLS: PROPOSED AND DISCUSSED DURING 3/20/2018 MEETING</i>	<i>SKILLS: FINAL AFTER VOTING ON 3/20/2018</i>	
1	<i>Communication Skills</i>	a) Ability to use language confidently	<i>a) Ability to use language confidently</i>	<i>a) Ability to use language confidently</i>
		b) Ability to use language in ways that engage and motivate	<i>b) Ability to use language in ways that engage and motivate</i>	<i>b) Ability to use language in ways that engage and motivate</i>
		c) Ability to communicate using plain and clear language	<i>c) Ability to communicate using plain and clear language</i>	<i>c) Ability to communicate using plain and clear language</i>
		d) Ability to communicate with empathy	<i>d) Ability to communicate with empathy</i>	<i>d) Ability to communicate with empathy</i>
		e) Ability to listen actively	<i>e) Ability to listen actively</i>	<i>e) Ability to listen actively</i>
		f) Ability to prepare written communication including electronic communication (e.g., email, telecommunication device for the deaf)	<i>f) Ability to prepare written communication (examples: client encounter documentation) including electronic communication (e.g., email, telecommunication device for the deaf)</i>	<i>f) Ability to prepare written communication (examples: client encounter documentation) including electronic communication (e.g., email, telecommunication device for the deaf)</i>
		g) Ability to document work	<i>g) Ability to document work and communicate with care team (and employer) if applicable</i>	<i>g) Ability to document work and communicate with care team (and employer) if applicable</i>

		h. Ability to communicate with the community served (may not be fluent in language of all communities served)	<i>h) Ability to communicate with the community served (may not be fluent in language of all communities served)</i>	<i>h) Ability to communicate with the community served (may not be fluent in language of all communities served)</i>
				<i>i) Ability to use culturally appropriate language</i>

Competency 2: Interpersonal and Relationship Building Skills

Laura Heinrich asks for any final discussion and/or a motion to approve the proposed final skills Jennifer Long seconds this motion. All members approve. No opposition. Motion carries.

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2	<i>Interpersonal and Relationship Building Skills</i>	<i>a) Ability to provide coaching and social support</i>	<i>a) Ability to provide coaching, social support, and problem solving skills to the client</i>	<i>a) Ability to provide coaching, social support, and problem solving skills to the client</i>
		<i>b) Ability to conduct self-management coaching</i>	<i>b) Ability to conduct self-management coaching to empower individuals to improve their health</i>	<i>b) Ability to conduct self-management coaching to empower individuals to improve their health</i>
		<i>c) Ability to use interviewing techniques (e.g. motivational interviewing)</i>	<i>c) Ability to use interviewing techniques (e.g. motivational interviewing)</i>	<i>c) Ability to use interviewing techniques (e.g. motivational interviewing)</i>
		<i>d) Ability to work as a team member</i>	<i>d) Ability to work as a team member</i>	<i>d) Ability to work as a team member</i>
		<i>e) Ability to manage conflict</i>	<i>e) Ability to manage conflict</i>	<i>e) Ability to manage conflict</i>
		<i>f) Ability to practice cultural humility</i>	<i>f) Ability to practice cultural humility and be sensitive to other cultures</i>	<i>f) Ability to practice cultural humility and be sensitive to other cultures</i>

Competency 3: Service Coordination and Navigation Skills

Laura Heinrich asks for any final discussion and/or a motion to approve the proposed final skills.

Andrew VanZee suggests that the proposed skill (a) should have “medical system changed to read “health care systems” and Lisa Staten suggests that it be broadened to refer to “health systems”, with the final skill (a) reading as “Ability to coordinate care (including identifying and accessing resources, overcoming barriers, and understanding the social services and health systems)”.

Andrew VanZee makes a motion to approve. Don Kelso seconds this motion. All members approve. No opposition. Motion carries.

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3	<i>Service Coordination and Navigation Skills</i>	a) Ability to coordinate care (including identifying and accessing resources and overcoming barriers)	<i>a) Ability to coordinate care (including identifying and accessing resources, overcoming barriers, and understanding the social services and medical system)</i>	<i>a) Ability to coordinate care (including identifying and accessing resources, overcoming barriers, and understanding the social services and health systems)</i>
		b) Ability to make appropriate referrals	<i>b) Ability to make appropriate referrals</i>	<i>b) Ability to make appropriate referrals</i>
		c) Ability to facilitate development of an individual and/or group action plan and goal attainment	<i>c) Ability to facilitate development of an individual and/or group action plan, goal attainment, and facilitate output of action plan</i>	<i>c) Ability to facilitate development of an individual and/or group action plan, goal attainment, and facilitate output of action plan</i>
		d) Ability to coordinate CHW activities with clinical and other community services	<i>d) Ability to coordinate CHW activities with clinical and other community services</i>	<i>d) Ability to coordinate CHW activities with clinical and other community services</i>
		e) Ability to follow-up and track care and referral outcomes	<i>e) Ability to follow-up and track care and referral outcomes</i>	<i>e) Ability to follow-up and track care and referral outcomes</i>

Competency 4: Capacity Building Skills

Judy Hasselkus asks for any final discussion and/or a motion to approve the proposed final skills.

Kathy Cook makes a motion to approve. Margarita Hart seconds this motion. All members approve. No opposition. Motion carries.

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4	<i>Capacity Building Skills</i>	a) Ability to help others identify goals and develop to their fullest potential	<i>a) Ability to help others identify goals and develop to their fullest potential</i>	<i>a) Ability to help others identify goals and develop to their fullest potential</i>
		b) Ability to work in ways that increase individual and community empowerment	<i>b) Ability to work in ways that increase individual and community empowerment</i>	<i>b) Ability to work in ways that increase individual and community empowerment</i>
		c) Ability to network, build community connections, and build coalitions	<i>c) Ability to network and build community connections</i>	<i>c) Ability to network and build community connections</i>
		d) Ability to teach self-advocacy skills	<i>d) Ability to teach self-advocacy skills</i>	<i>d) Ability to teach self-advocacy skills</i>
		e) Ability to conduct community organizing	<i>e) Ability to assist with community organizing</i>	<i>e) Ability to assist with community organizing</i>

Competency 5: Advocacy Skills

Laura Heinrich asks for any final discussion and/or a motion to approve the proposed final skills. Rebecca Adkins makes a motion to approve. Don Kelso seconds this motion. All members approve. No opposition. Motion carries.

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5	Advocacy Skills	a) Ability to contribute to policy development	<i>a) Ability to contribute to development of policies that focus on community health</i>	<i>a) Ability to contribute to development of policies that focus on community health</i>
		b) Ability to advocate for policy change	<i>b) Ability to advocate for change in policies that focus on community health</i>	<i>b) Ability to advocate for change in policies that focus on community health</i>
		c) Ability to speak up for individuals and communities	<i>c) Ability to identify barriers to care for individuals and community and speaking up to promote change</i>	<i>c) Ability to identify barriers to care for individuals and community and speaking up to promote change</i>

Competency 6: Education and Facilitation Skills

Judy Hasselkus asks for any final discussion and/or a motion to approve the proposed final skills.

Jennifer Long asks if it is necessary to add “culturally appropriate” as a skill in the “Education and Facilitation Skills” competency since it was already added as a skill in the “Communication Skills” competency.

Kathy Cook suggests adding “culturally appropriate” as skill (i) and Lisa Staten suggests that skill I should read, “Ability to utilize education and facilitation skills that are culturally appropriate.” The group agrees that if skill (i) is added, language around cultural competency can be eliminated in the other skills associated with this competency.

Lisa Staten makes a motion to approve. Andrew VanZee seconds this motion. All members approve. No opposition. Motion carries.

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6	<i>Education and Facilitation Skills</i>	a) Ability to use empowering and learner-centered teaching strategies	<i>a) Ability to use empowering and learner-centered teaching strategies that are culturally appropriate</i>	<i>a) Ability to use empowering and learner-centered teaching strategies</i>
		b) Ability to use a range of appropriate and effective educational techniques	<i>b) Ability to use a range of appropriate and effective educational techniques that are culturally appropriate</i>	<i>b) Ability to use a range of appropriate and effective educational techniques</i>
		c) Ability to facilitate group discussions and decision-making	<i>c) Ability to facilitate group discussions and decision-making using culturally appropriate strategies</i>	<i>c) Ability to facilitate group discussions and decision-making</i>
		d) Ability to plan and conduct classes and presentations for a variety of groups	<i>d) Ability to plan and conduct classes and presentations for a variety of groups</i>	<i>d) Ability to plan and conduct classes and presentations for a variety of groups</i>
		e) Ability to seek out appropriate information and respond to questions about pertinent topics	<i>e) Ability to seek out appropriate information and respond to questions about pertinent topics (in culturally appropriate context)</i>	<i>e) Ability to seek out appropriate information and respond to questions about pertinent topics</i>
		f) Ability to find and share requested information	<i>f) Ability to find and share requested information that is culturally appropriate</i>	<i>f) Ability to find and share requested information</i>
		g) Ability to collaborate with other educators	<i>g) Ability to collaborate with other educators in a culturally appropriate context</i>	<i>g) Ability to collaborate with other educators</i>
		h) Ability to collect and use information from and with community members	<i>h) Ability to collect and use culturally appropriate information from and with community members</i>	<i>h) Ability to collect and use information from and with community members</i>
				<i>i) Ability to utilize education and facilitation skills that are culturally appropriate</i>

Competency 7: Individual and Community Assessment Skills

Laura Heinrich asks for any final discussion and/or a motion to approve the proposed final skills.

Kathy Cook makes a motion to approve. Don Kelso seconds this motion. All members approve. No opposition. Motion carries.

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7	Individual and Community Assessment Skills	a) Ability to participate in individual assessment through observation and active inquiry	a) Ability to participate in individual assessment through observation and active inquiry	a) Ability to participate in individual assessment through observation and active inquiry
	b) Ability to participate in community assessment through observation and active inquiry	b) Ability to participate in community assessment through observation and active inquiry	b) Ability to participate in community assessment through observation and active inquiry	

Competency 8: Outreach Skills

Laura Heinrich asks for any final discussion and/or a motion to approve the proposed final skills.

Rebecca Adkins makes a motion to approve. Andy VanZee seconds this motion. All members approve. No opposition. Motion carries.

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8	Outreach Skills	a) Ability to conduct case-finding, recruitment, and follow-up	a) Ability to identify need, recruit, and follow-up	a) Ability to identify need, recruit, and follow-up
	b) Ability to prepare and disseminate materials	b) Ability to prepare and disseminate information	b) Ability to prepare and disseminate information	
	c) Ability to build and maintain a current resources inventory	c) Ability to identify existing resources, build a current resources inventory, and maintain a current resources inventory	c) Ability to identify existing resources, build a current resources inventory, and maintain a current resources inventory	

Competency 9: Professional Skills and Conduct

Judy Hasselkus asks for any final discussion and/or a motion to approve the proposed final skills.

Margarita Hart asks why skill (e) was eliminated and Hannah Maxey replies that it was recommended to be eliminated because it is not a skill that can be measured during training.

Kathy Cook suggests that skill (c), “following up with larger team” needs further clarification. Jennifer Long suggests changing skill (c) to read, “Ability to apply critical thinking techniques, problem solving, and identify when follow-up is needed with the appropriate multi-disciplinary teams”.

Andrew VanZee makes a motion to approve. Margarita Hart seconds this motion. All members approve. No opposition. Motion carries.

COMPETENCY

SKILLS: FROM C3 PROJECT (Source)

SKILLS: PROPOSED AND DISCUSSED IN 3/20/18 MEETING

SKILLS: FINAL AFTER VOTING ON 3/20/2018

9	<i>Professional Skills and Conduct</i>	a) Ability to set goals and to develop and follow a work plan	<i>a) Ability to set goals and to develop and observe a work plan</i>	<i>a) Ability to set goals and to develop and observe a work plan</i>
		b) Ability to balance priorities and to manage time	<i>b) Ability to balance priorities and to manage time</i>	<i>b) Ability to balance priorities and to manage time</i>
		c) Ability to apply critical thinking techniques and problem solving	<i>c) Ability to apply critical thinking techniques, problem solving, and identify which cases require follow up with a larger team</i>	<i>c) Ability to apply critical thinking techniques, problem solving, and identify when follow-up is needed with the appropriate multi-disciplinary teams</i>
		d) Ability to use pertinent technology	<i>d) Ability to use pertinent technology</i>	<i>d) Ability to use pertinent technology</i>
		e) Ability to pursue continuing education and life long learning opportunities	<i>e) Willingness to pursue continuing education and life long learning opportunities</i>	<i>e) Willingness to pursue continuing education and life long learning opportunities</i>
		f) Ability to maximize personal safety while working in community and/or clinical settings	<i>f) Ability to maximize personal safety while working in community and/or clinical settings</i>	<i>f) Ability to maximize personal safety while working in community and/or clinical settings</i>
		g) Ability to observe ethical and legal standards (e.g. CHW Code of Ethics, Americans with Disabilities Act [ADA], Health Insurance Portability and Accountability Act [HIPAA])	<i>g) Ability to observe and follow ethical and legal standards (e.g. CHW Code of Ethics, Americans with Disabilities Act [ADA], Health Insurance Portability and Accountability Act [HIPAA])</i>	<i>g) Ability to observe and follow ethical and legal standards (e.g. CHW Code of Ethics, Americans with Disabilities Act [ADA], Health Insurance Portability and Accountability Act [HIPAA])</i>
		h) Ability to identify situations calling for mandatory reporting and carry out mandatory reporting requirements	<i>h) Ability to identify situations calling for mandatory reporting and carry out mandatory reporting requirements</i>	<i>h) Ability to identify situations calling for mandatory reporting and carry out mandatory reporting requirements</i>
		i) Ability to participate in professional development of peer CHWs and in networking among CHW groups	<i>i) Ability to participate in professional development of peer CHWs and in networking among CHW groups</i>	<i>i) Ability to participate in professional development of peer CHWs and in networking among CHW groups</i>
		j) Ability to set boundaries and practice self-care	<i>j) Ability to set boundaries and practice self-care</i>	<i>j) Ability to set boundaries and practice self-care</i>

Competency 10: Evaluation and Research Skills

Laura Heinrich asks for any final discussion and/or a motion to approve the proposed final skills. Margarita Hart states that CHWs have a unique view of the community and their ability to contribute to research is important.

Judy Hasselkus states that from a workforce development perspective, CHW is a middle-skills occupation that requires more than a high school diploma or its equivalent, but less than an associate degree. She voiced concern that some of the skills in this section seem above that level, encouraging workgroup members to think in terms of baseline skills for a CHW. Lisa Staten suggests that elimination of skills (a) and (b) does not imply that CHWs could not contribute to research in that manner, but that having those skills is not a baseline requirement for all CHWs. Lisa Staten states that skill (c) should read, “Ability to support and contribute to evaluation and research processes including: i) assisting with collecting data ii) sharing results and findings and iii) assisting with identifying priority issues”.

Don Kelso asks if current individuals that are serving as CHWs have the competencies and skills that the workgroup is suggesting at this point. He states that some of the required research and evaluation skills that the workgroup are discussing seem aggressive for an entry-level occupation. Margarita Hart responds that she believes most individuals have these skills. Lisa Staten emphasizes that this workforce could assist and support research activities.

Laura Heinrich asks if skill (c) should read, “Ability to assist, support, and contribute to evaluation and research processes”.

Andrew VanZee makes a motion to approve. Don Kelso seconds this motion. All members approve. No opposition. Motion carries.

COMPETENCY

SKILLS: FROM C3 PROJECT (Source)

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10	Evaluation and Research Skills	a) Ability to identify important concerns and conduct evaluation and research to better understand root causes	a) Recommendation to eliminate this skill	a) Recommendation to eliminate this skill
		b) Ability to apply the evidence-based practices of Community Based Participatory Research (CBPR) and Participatory Action Research (PAR)	b) Recommendation to eliminate this skill	b) Recommendation to eliminate this skill
		c) Ability to participate in evaluation and research processes including: i) Identifying priority issues and evaluation/research questions ii) Developing evaluation/research design and methods iii) Data collection and interpretation iv) Sharing results and findings v) Engaging stakeholders to take action on findings	c) Ability to support evaluation and research processes including: i) assisting with collecting data ii) sharing results and findings	c) Ability to assist, support, and contribute to evaluation and research processes

Competency 11: Knowledge Base

Laura Heinrich asks for any final discussion and/or a motion to approve the proposed final skills.

Margarita Hart states that in skill (d), “baseline issues” needs to be further defined and Rebecca Adkins states that it is important to be familiar with existing barriers or conditions, as well as knowing when to bring in additional resources.

Andrew VanZee suggests that skill (d) should be amended back to its original form to read, “Knowledge about mental/behavioral health issues and their connection to physical health”.

\. Lisa Staten makes a motion to approve. Kathy Cook seconds this motion. All members approve. No opposition. Motion carries.

COMPETENCY **SKILLS: FROM C3 PROJECT (Source)** **SKILLS: PROPOSED AND DISCUSSED IN 3/20/18 MEETING** **SKILLS: FINAL AFTER VOTING ON 3/20/2018**

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11	Knowledge Base	a) Knowledge about social determinants of health and related disparities	a) Knowledge about social determinants or social factors related to health and health disparities	a) Knowledge about social determinants or social factors related to health and health disparities
		b) Knowledge about pertinent health issues	b) Knowledge about pertinent health issues	b) Knowledge about pertinent health issues
		c) Knowledge about healthy lifestyles and self-care	c) Knowledge about healthy lifestyles and self-care	c) Knowledge about healthy lifestyles and self-care
		d) Knowledge about mental/behavioral health issues and their connection to physical health	d) Knowledge about mental/behavioral health issues and their connection to physical health as well as the ability to recognize baseline issues or problems	d) Knowledge about mental/behavioral health issues and their connection to physical health
		e) Knowledge about health behavior theories	e) Knowledge about the factors that contribute to health behaviors	e) Knowledge about the factors that contribute to health behaviors
		f) Knowledge of basic public health principles	f) Knowledge of basic public health principles	f) Knowledge of basic public health principles
		g) Knowledge about the community served	g) Knowledge about the community served	g) Knowledge about the community served
		h) Knowledge about United States health and social service systems	h) Knowledge about system and resources for health and social service in the United States and local community	h) Knowledge about system and resources for health and social service in the United States and local community

Brief Update on FSSA CHW Initiatives

Judy Hasselkus introduces Steve Bordenkecker, Long-Term Care Reimbursement Analyst, FSSA who is acting in place of Derris Harrison for this meeting. He provides an update on the FSSA CHW Initiatives.

Steve Bordenkecker states that FSSA has been working on submitting the State Plan Amendment (SPA). Previously, they felt they were missing a valid fiscal impact statement, but have since obtained one. They have now drafted all of the SPA pages and have submitted those to their State Plan Team. The State Plan Team plans to submit the SPA pages to CMS by the end of March 2018.

He states they have presented the SPA to managed care teams in Indiana and obtained their feedback. These two Managed Care Teams reported that the majority of their utilization of CHWs is with high-risk individuals. He states that these teams are using CHWs much more broadly than the current proposed reimbursement structure, but there may be more opportunity in the future for expanded reimbursement.

Andrew VanZee asks for additional information about how managed care teams are utilizing CHWs. Steve Bordenkecker and Michael Cook (FSSA) respond that they believe that the managed care teams have hired CHWs but are not currently receiving reimbursement for their services.

Andrew VanZee asks if this is something Managed-Care Teams will be required to cover if Medicaid fee-for-service (FFS) adds this as a reimbursable service and (Michael Cook, OMPP) replies affirmatively.

Steve Bordenkecker states that he will distribute an updated draft policy to the workgroup.

Andrew VanZee asks if the SPA has been submitted and Steve Bordenkecker replies that the SPA has not been submitted yet.

Judy Hasselkus states that it is important to keep in mind that FSSA's initiative is focused on reimbursement, which is outside the scope of the CHW workgroup's specific charge but dovetails with the workgroup's work.

Overview of Other States' CHW Regulatory System

Judy Hasselkus introduces Hannah Maxey to report on the components of regulatory structure and Courtney Randolph to present case studies of how other states have adopted regulatory schema among their CHW workforces.

Hannah Maxey states that it is important to level-set the discussion of CHW regulation with a broad discussion on regulatory frameworks and associated terminology. She states that there are three key components of a regulatory structure: level of occupational regulation (*licensure, state certification, and registry*), training regulation (*what entity regulates training, what entity delivers training, training logistics such as hours and continuing education*), and scope of practice/services provided (*whether or not this is defined in statute*).

She refers to the resources provided in individuals' folders for their reference and review (Levels of State Regulation of Health Professions published by the State of Nebraska [\[link\]](#), and The Inverted Pyramid: 10 Less Restrictive Alternatives to Occupational Licensing [\[link\]](#)). These documents are used to define the different levels of occupational regulation: registration (which offers the registered workforce protection of practice/services), state certification (which offers the state certified workforce protection of title), and licensure (which offers the licensed workforce protection of practice and title). Hannah Maxey states that there is also a level of regulation for third-party certifications (through trade associations, educational certificates, etc.), that are outside of state regulation.

Margarita Hart asks if there has been any data collected on the impact of regulation. Hannah Maxey states that one measure of impact is on labor market entry. She states that barriers to entry would be what a CHW would have to do in order to gain entry. She states that there is very little data on professionalization of CHWs.

Courtney Randolph presents on CHW case studies for Minnesota and Oregon. She presents on both states' level of regulation, training regulation, and scope of practice/services provided.

In Michigan, there is no formal registry. However, the Medicaid office maintains a list of individuals who have sought to become eligible providers. There are no continuing education requirements. The only requirements to become an eligible CHW provider are to have 1) completed the state certificate and 2) be employed under an eligible supervisor.

Kathy Cook asks when Minnesota established their CHW regulation and Courtney Randolph states that the Bowen Center will do further research on this information and provide that back to the workgroup.

Courtney Randolph then presents on Oregon's regulation of THW (Traditional Health Workers, of which CHWs are one type). Oregon has state-determined competencies but no state standard curriculum. Each training provider must apply to the state, have curriculum reviewed/scored, and receive approval to be a state-certified training vendor. The registry is maintained by the state and in order to obtain a state "certificate", THW must be 18 years or older, complete a state-approved training program, and pass a background check.

Margarita Hart asks if there is data for Minnesota and Oregon on their return on investment (ROI) with these CHW regulations and Courtney Randolph states that this was not in the scope of the research performed for today's meeting but the Bowen Center can conduct this research if the workgroup is interested.

Kathy Cook asks if an individual has to be a resident from Oregon to become a CHW in Oregon. Courtney Randolph responds that that was not a requirement in Oregon statute.

Laura Heinrich asks how many training organizations are established in Oregon and Courtney Randolph states that there are a number of training providers throughout the state. The Bowen Center can provide the exact number as a follow-up.

Kathy Cook also asks for additional information on when Oregon established their CHW regulation.

Judy Hasselkus asks if Oregon and Minnesota were the only two states that were significantly ahead of Indiana in regards to CHW regulation and Courtney Randolph states that Massachusetts is another state that has a well-defined regulatory structure in place.

Next Steps

Judy Hasselkus states that at the next meeting, the group will consider what type of proposed regulatory schema for CHWs makes sense for Indiana.

Margarita Hart states that is important to have actions in place to measure ROI and impacts of CHWs in Indiana. Judy Hasselkus asks Margarita Hart if she is aware of any actions currently in place to measure ROI. Margarita Hart replies that there are organizations in other states and Care-Coordination Systems, similar to St. Vincent Pathways, which are measuring ROI and decreasing health disparities.

Judy Hasselkus asks if there are any additional areas that the workgroup would like to explore in regards to CHWs. Andrew VanZee asks if there is a way to identify current CHW training vendors in Indiana that are providing education and/or certification. He states that this is important information to obtain for future conversations on the logistics of “reciprocity” and “grandfathering”.

Closing and Adjourn

Judy Hasselkus thanks the workgroup for their contributions. She calls the meeting to adjournment at 11:30am and reminds workgroup members of the next meeting on Thursday April 19th from 1:00pm-2:30pm at the Indiana Government Center South in Conference Rooms 1 and 2.