

CHW WORKGROUP: SUMMARY OF  
WORKGROUP RESPONSE TO OCCUPATION  
REGULATION PROMPTS FROM 6-5-18  
MEETING

# REGULATORY STRUCTURE

QUESTION PROMPT TO CHW WORKGROUP ON 6/5/18: SHALL AN ADVISORY BODY BE ESTABLISHED TO ADVISE ON GOVERNANCE OF THE CHW WORKFORCE?

SUMMARIZED CHW WORKGROUP RESPONSE: Yes, an advisory body should be established through statute.

SUMMARIZED CHW WORKGROUP RATIONALE: Authorizing an advisory body to advise governance of the CHW workforce will enhance agility of the workforce to meet the dynamic needs of the population/community.

FOLLOW-UP QUESTIONS TO BE DISCUSSED ON 7/10/18:

- What is the regulatory structure for this advisory body? Is this body authorized to regulate the workforce or do they advise a state agency/Board that formally regulates the workforce?
- How shall membership be determined? (ex: state department/agency authorized to convene, Governor appointed by role/affiliation [e.g. CHW, CHW supervisor, CHW employer, Indiana State Department of Health, consumer member, etc.], other)

QUESTION PROMPT TO CHW WORKGROUP ON 6/5/18: SHALL INDIANA MAINTAIN A LIST OF ITS CERTIFIED CHWS?

SUMMARIZED CHW WORKGROUP RESPONSE: Yes, Indiana shall maintain a list of certified CHWs.

SUMMARIZED CHW WORKGROUP RATIONALE: It is important for employers to quickly verify the education/training/competency of staff and/or potential employees.

FOLLOW-UP QUESTIONS TO BE DISCUSSED ON 7/10/18:

- Who shall be responsible for maintaining this list? (ex: state department/agency, CHW advisory body, training vendors, etc.)
- What information should be maintained on these individuals? (ex: name, DOB, SSN, address, qualifying education/training provider information [name, address, date of completion, director's signature], examination information, etc.)

QUESTION PROMPT TO CHW WORKGROUP ON 6/5/18: SHALL AN INDIVIDUAL BE REQUIRED TO PRESENT EVIDENCE OF CONTINUING EDUCATION (CEUs) TO MAINTAIN ACTIVE STATUS ON THIS LIST?

SUMMARIZED CHW WORKGROUP RESPONSE: Consensus not yet reached.

SUMMARIZED CHW WORKGROUP RATIONALE: The CHW workforce is more agile than most health-related occupations, as they work broadly in a variety of settings and with varying occupations, but also respond to the unique health/social/cultural needs of a particular community. As such, CEUs would be beneficial to ensure the workforce receives the latest information/skills to employ in their practice. However, the Workgroup noted that some health occupations with higher qualifying education requirements (such as physicians and nurses) do not have continuing education requirements associated with their license renewal. The Workgroup has not yet discussed alternatives to formal CEUs, such as in-service training that is more employer/setting specific.

FOLLOW-UP QUESTIONS TO BE DISCUSSED ON 7/10/18:

- Should CHWs be required to complete CE and/or documented in-service/training hours (by employer) to qualify for certification renewal?
  - o If yes, which learning activities will be deemed appropriate (in-service, online, webinars, etc.)?
  - o If yes, who is responsible for verifying requirements for renewal?
  - o If yes, how will certification renewal requirements be verified?
    - Ex: full review of each application, audit, etc.

QUESTION PROMPT TO CHW WORKGROUP ON 6/5/18: SHOULD STATUTE OUTLINE A SCOPE OF PRACTICE ASSOCIATED WITH CERTIFIED CHW COMPETENCIES AND SKILLS?

SUMMARIZED CHW WORKGROUP RESPONSE: Consensus not yet reached.

SUMMARIZED CHW WORKGROUP RATIONALE: The “scope of practice” for a profession defines what services may or may not be provided, in alignment with an occupation’s skill and training. “A state’s scope of practice can be defined in general or specific terms, and legislatures struggle to balance the need for outlining rights broadly, so as to allow for innovation, with the precision needed to ensure that a professional meets the governing standard of care.”<sup>1</sup> In some states/occupations, the scope of practice is omitted from statute altogether.

Examples of statutory language describing scope of practice for Indiana occupations:

- 1) Scope of practice is referenced in Indiana Code to be left up to another responsible entity, as is the case with CNAs/QMAs and Licensed Diabetes Educators:
  - a. “The state department shall do the following: . . . (3) Determine the standards concerning the functions that may be performed by a qualified medication aide and a certified nurse aide.” (IC 16-28-1-11)
  - b. “The [Medical Licensing] board shall adopt rules under IC 4-22-2 establishing: (1) standards for professional responsibility or a code of ethics for the profession of diabetes educator; (2) standards of practice that are based upon policies and positions adopted by the American Association of Diabetes Educators; and (3) standards for continuing education requirements for diabetes educators.” (IC 25-14.3-2-1)
- 2) Scope of practice is defined as what is *not prohibited*, as is the case with Certified Massage Therapists:
  - a. “This article does not prohibit the following:... (4) An individual's practice in one (1) or more of the following areas that does not involve intentional soft tissue manipulation: (A) Alexander Technique. (B) Feldenkrais. (C) Reiki. (D) Therapeutic Touch...” (IC 25-21.8-4-5)
- 3) Scope of practice is defined broadly under “the practice of...” a field, as is the case with Certified Dietitians:
  - a. “Dietetics’ means the integration and application of principles derived from the science of food and nutrition to provide for all aspects of nutrition therapy for individuals and groups, including nutrition therapy services (as defined in section 12 of this chapter) and medical nutrition therapy (as defined in section 9 of this chapter).” (IC 25-14.5-1-7)
- 4) Scope of practice is defined specifically under “the practice of...” a field, as is the case with Clinical Addiction Counselors:
  - a. “Practice of clinical addiction counseling’ means the providing of professional services that are delivered by a licensed clinical addiction counselor, that are designed to change substance use or addictive behavior, and that involve specialized knowledge and skill related to addictions and addictive behaviors, including understanding addiction, knowledge of the treatment process, application to practice, and professional readiness. The term includes: (1) gathering information through structured interview screens using routine protocols and standardized clinical instruments; (2) using appraisal instruments as an aid in individualized treatment planning that the licensed clinical addiction counselor is qualified to employ because of: (A) education; (B) training; and (C) experience; (3) providing psychosocial evaluations...” (IC 25-23.6-1-5.9)

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<sup>1</sup> <http://via.library.depaul.edu/cgi/viewcontent.cgi?article=1017&context=jhcl>

FOLLOW-UP QUESTIONS TO BE DISCUSSED ON 7/10/18:

- Should statute outline a scope of practice associated with certified CHW competencies and skills? (Yes/No)
  - If yes, discuss further.
  - If no, should scope of practice be omitted from statute completely or written in statute to be deferred to another responsible entity?

# CHW WORKFORCE ENTRY REQUIREMENTS

QUESTION PROMPT TO CHW WORKGROUP ON 6/5/18: SHOULD EDUCATION/TRAINING BE STANDARDIZED FOR CHWS THROUGH:  
1) A STATE-APPROVED STANDARDIZED CURRICULUM (THAT COULD BE IMPLEMENTED BY TRAINING VENDORS) OR  
2) THROUGH A FLEXIBLE CURRICULUM THAT MEETS COMPETENCIES (TRAINING VENDORS DEVELOPING A CURRICULUM THAT WOULD NEED TO MEET STATE COMPETENCIES AND BE APPROVED)?

**SUMMARIZED CHW WORKGROUP RESPONSE:** Education/training should be competency-based and flexible to meet the needs of students and community health. Specialty curriculum can be developed as an “add-on” option or can be delivered through industry/employer training. The workgroup reached consensus that a standardized assessment should be implemented. However, it was unclear from the discussion whether the workgroup felt that 1) all curriculum should undergo a review process for competency alignment or 2) if the standardized assessment would serve as the quality assurance mechanism for competency alignment.

**SUMMARIZED CHW WORKGROUP RATIONALE:** Flexible curriculum development allows training programs to take unique approaches to curriculum development and participation in market competition. Standardized curriculum may inhibit innovation or conflict with the heart of the CHW workforce, which serves the unique needs of their community.

FOLLOW-UP QUESTIONS TO BE DISCUSSED ON 7/10/18:

- Shall all curriculum should undergo a review process for competency alignment or shall the standardized assessment serve as the quality assurance mechanism for a training program’s competency alignment?
- Who (creates)/(administers)/(maintains information on completion of) assessment?

**QUESTION PROMPT TO CHW WORKGROUP ON 6/5/18: HOW SHOULD CHW EDUCATION/TRAINING BE DELIVERED (CLASSROOM/DIDACTIC, CLINICAL/HANDS-ON, ETC.)?**

**SUMMARIZED CHW WORKGROUP RESPONSE:** The workgroup determined that a didactic portion of training is important. Face-to-face/classroom training is ideal. The workgroup deliberated on other training delivery mechanisms (i.e. hybrid vs. online-only options). The workgroup felt there should be some type of internship/job shadowing for students/CHWs, but they did not reach consensus on whether this experience should occur before or after certification.

**SUMMARIZED CHW WORKGROUP RATIONALE:** Face-to-face classroom training is valued by the workgroup, because of the level of social competency they feel is required to be successful in a CHW role. The workgroup was undecided on experience requirements prior to certification. Concerns that were raised include: 1. preceptor/supervisor availability, 2. Skill UP funding available if training is delivered post-employment, 3. Potential turnover if individual is employed just to satisfy experience requirements for certification, 4. Internship availability may be greatest among larger employers, etc.

**FOLLOW-UP QUESTIONS TO BE DISCUSSED ON 7/10/18:**

- How shall training/education be delivered (taking into account the considerations raised in previous discussions and in other states)?
  - o Example: Oregon outlines the following requirements for state-approved CHW training programs:
    - “(1) All Authority approved training programs shall:
      - (a) Meet the curriculum requirements for the THW type being trained.
      - (b) Demonstrate active efforts to establish equivalency for students who have previously completed training that meets one or more training requirements for their THW type.
      - (c) Require experienced THWs be involved in developing and teaching the core curriculum.
      - (d) Be a culturally diverse community based organization (CBO) or include collaboration with at least one culturally diverse CBO.
      - (e) Demonstrate the use of various teaching methodologies, including but not limited to popular education and adult learning;
      - (f) Demonstrate the use of various training delivery formats, including but not limited to classroom instruction, group, and distance learning.
      - (g) Demonstrate efforts to make training inclusive and accessible to individuals with different learning styles, education backgrounds, and needs.
      - (h) Demonstrate efforts to remove barriers to enrollment for students.
      - (i) Include any combination of written, oral or practical cognitive examinations to evaluate and document the acquisition of knowledge and mastery of skills required by the curriculum designed to instruct in the THW competencies.
      - (j) Demonstrate the inclusion of a method or process for individuals trained by the program to evaluate and give feedback on the training experience.
      - (k) Maintain an accurate record of each individual’s attendance and participation in training for at least five years after course completion.
      - (l) Agree to verify and provide the Authority with names of individuals who successfully completed the training program when those individuals apply for certification and registry enrollment.

- (m) Agree to issue a certificate of completion to all successful training program graduates.” (410-180-0350)
- Shall Indiana outline experience requirements for state certification?

QUESTION PROMPT TO CHW WORKGROUP ON 6/5/18: SHOULD THE CERTIFICATION SYSTEM INCLUDE A PATH BASED ON EXPERIENCE RATHER THAN EDUCATION, OR SOME “GRANDFATHERING” PROVISION FOR INDIVIDUALS WHO HAVE AN EDUCATIONAL CERTIFICATE OF COMPLETION FOR PRIOR CHW TRAINING?

**SUMMARIZED CHW WORKGROUP RESPONSE:** Yes, there should be a pathway to certification for individuals who have already been trained and are working as CHWs. The grandfathering should be clearly outlined as to: 1) requiring demonstration of formal training as a CHW, 2) experience working as a CHW, and 3) a period of time when grandfathering will be permitted.

**SUMMARIZED CHW WORKGROUP RATIONALE:** Certification should not present an unnecessary barrier to employment or reimbursement for individuals who have experience serving as CHWs.

FOLLOW-UP QUESTIONS TO BE DISCUSSED ON 7/10/18:

- How shall grandfathering provisions be determined? (see supplemental document: *Considerations for Grandfathering in Emerging Professions: A case study of Indiana’s addiction counselors*)
  - o Who determines the exemption requirements (advisory board)?
  - o What are the education/training requirements for individuals that are grandfathered?
  - o What are experience requirements for individuals who are grandfathered?
  - o What are criminal conviction requirements for individuals who are grandfathered?
  - o When shall grandfathering provisions expire? (Upon completion/implementation of the standardized assessment?)



QUESTION PROMPT TO CHW WORKGROUP ON 6/5/18: SHALL AN INDIVIDUAL BE REQUIRED TO PRESENT EVIDENCE OF TRAINING COMPLETION AND/OR EVIDENCE REQUIRED FOR GRANDFATHERING TO BE PLACED ON THE LIST OF CERTIFIED CHWS?

SUMMARIZED CHW WORKGROUP RESPONSE: Yes, individuals shall be required to present evidence of training completion or evidence of grandfathering to be deemed a "Certified CHW."

SUMMARIZED CHW WORKGROUP RATIONALE: INDIVIDUALS SHOULD BE REQUIRED TO DEMONSTRATE EVIDENCE OF TRAINING COMPLETION/COMPETENCY TO BE CERTIFIED.

FOLLOW-UP QUESTIONS TO BE DISCUSSED ON 7/10/18:

- What shall be the requirements for certification/renewal status?
  - o Shall an applicant be responsible for presenting evidence of training completion or shall that be the responsibility of the training program?
  - o Shall an applicant be responsible for presenting evidence of successful completion of standardized examination or shall that be the responsibility of the testing agency/host?
  - o Shall there be a requirement for experience/internship? If so, how shall this be (documented)/(submitted for approval)/(reviewed)?

# PRACTICE REGULATION

Practice regulation will be discussed at a later date, or (dependent on discussion with the CHW Workgroup/recommendations implemented by Council) by the authorized advisory body.

*Examples:*

- What is their scope?
- What types of settings can they practice in?
- What services will they be reimbursed for?
- Who can legally supervise a CHW?