

## CHW Meeting (EHF/Dell/ St. David's, Methodist)

March 25, 2024

### Welcome and Introductions

TAPCHW; DFW CHW Association; Houston; Wellpoint; Harris Health System; United Health Plan; Dell Children's Health Plan; HHSC (Medicaid/CHIP); DSHS (CHW certification division); direct care CHW's and instructors; South Texas CHW Workforce Preparedness Collaborative; Parkland Hospital CHW (Dallas Healthy Start); TAHP; Brazos Valley CHW HUB site; UnitedWay Greater Austin; Network of behavioral health providers/ pathway community hub in Harris County; Houston Health Equity Collective; Baylor University Medical School

### Medicaid 101 and Questions - Joanna Seyller (HHSC)

- **FOLLOW-UP NEEDED:** Can non-covered siblings ride with client on MTP trips? Suggested this may be an MCO-level decision but need confirmation.
- Clients are often not aware of the transportation benefit.

### HB 1575 Implementation Update and Questions- Judy Branham & Joelle Jung (HHSC)

- Judy- Key point: CHW's can help enroll members in Medicaid/ if they identify potential eligibility (non-paid activity)
  - Allowed to do telehealth (visually face-to-face; must use video)
  - CPW program eligibility requires "high risk" determination; that aspect of policy won't be changing
    - You can find the CPW policy [here](#)
    - Outstanding questions around whether high non-medical needs can qualify a pregnancy as high risk
    - Needs further discussion and conversations with author
- What group of CHWs will get referrals? Per HHSC, referrals will go to all provider types of regardless of provider types.
  - Understanding was that medical risks go to nurses; nonmedical needs to CHWs/ doulas, etc.
  - Per HHSC- all providers will receive the same training, so MCO's may choose to "triage" referrals, but that won't be mandatory since all providers will be trained.
- How does CHIP Perinate interact? CPW is Medicaid only-not CHIP.
- How do FQHC's interact with CPW referral process? MCOs will be one of the referral pathways (and hopefully become more streamlined), but not the only source of referrals.
- Concern that there is over-saturation of CHWs in certain areas of the state
- Can CHW's work in an organization outside of a formal medical setting? That's fine-not tied to CHW's being part of a formal medical system; some are, but that is not a requirement

- How many clients are currently enrolled in CPW program? Enrollment is generally short period of time; can we get a snapshot of enrollment for various months?
- Do MCOs determine eligibility for CPW program? Yes- the decide if they can provide SC in-house or refer to CPW program; going to cover more info on MCO service coordination
- Need more clarity of what exactly is provided under MCOs and what should be provided by CHWs. Some doing work in community then getting payment denials from MCOs because told MCOs are handling case management at the MCO level.
- Important to note- HHSC is still in policy development; this is very much a jumping off point to help guide HHSC as policy is developed.
- Joelle- update on screening questions - also looking at childcare in screening questions, which is not something all the screening models capture.
  - Additional question on whether CHIP/ CHIP-P being screened. Confirmed by HHSC the screening and CPW services are Medicaid only.

### **Medicaid Managed Care and HB 1575- Camryn Burner (Texas Association of Health Plans)**

- Don't wait until fully enrolled with TMHP before reaching out to MCOs. Some MCOs will allow/ support dual provider enrollment/ credentialing processes
- Is the standardized credentialing mean you can contract with any MCO or this is the basis upon which MCO's may make additional contracting (disqualification) decisions? Or CHW have to have savviness around each MCO's specific processes.
- Liability insurance requirements mentioned in slides- is that something that is coming up for CHW's? Not that Camryn is aware- generally take HHSC's requirements and feed that into credentialing process.
- TAHP wants to do more training for CHW's and doulas. Michelle E- think MCOs require liability insurance for CPW providers today. Is that a concern for CHW's- YES
- Dell Children's Plan- don't really refer members with some non-medical drivers of health needs as high risk; CHW's are often best connection between member and plans; sharing direct contact info to Dell provider outreach/enrollment team
- Need to ensure reimbursement reflects rates that will allow CHWs to practice and reflect cost of living cost increases- understand that just because Medicaid rates are adopted that doesn't mean that plans will pay those rates
- **FOLLOW-UP:** Need step by step document. Request to include flow charts of how these processes work (Health Equity Collective)
- United (Dr. Deshpande)- this bill is a limited specific-use case. Use of contracted CHWs will vary by MCO. Being very transparent- United has a relatively large number of CHW's in-house but could also contract depending on member need and case-specific basis.

### **Facilitated Conversations with CHWs- Laurie & Shannon**

Key Info/ Considerations HHSC and MCOs should have in mind as HB 1575 is implemented and operationalized

- Concern with clients that are served that have undocumented status. Will this impact any ability to serve those clients? You will not be able to be reimbursed by Medicaid when serving these clients but will not be restricted from serving if also serving Medicaid members.
- When MCOs contract with organization that is serving members for the entire safety net community (not enrolled in Medicaid) it helps support all of that provider's/ organization's work
- Discussion on CHW certification/ training- requirements to get certification not too onerous (which is good), but when hiring CHWs need to ensure they are trained to meet the needs of the community. Some concerns with "corporate" model of CHWs displacing grassroots/ community CHWs
- Can required competencies be integrated into DSHS' CHW certification so it can be part of the required hours?
  - Current case management training 8 hours; adding on some additional that will be about 12 hours for CPW case management training. Moving to self-paced course.
    - **HHSC will take back: Can** that be built into training center training certification program?
    - Information about training centers can be found here:
      - [https://www.dshs.texas.gov/sites/default/files/chw/docs/CHW\\_TrainingPrograms\\_2023.pdf](https://www.dshs.texas.gov/sites/default/files/chw/docs/CHW_TrainingPrograms_2023.pdf)
      - <https://www.dshs.texas.gov/community-health-worker-or-promotora-training-certification-program/chw-instructor-training>
- Question on credentialing- does credentialing info ask for fingerprint/ ssn? Some hubs/ training centers take all kinds of students, some of whom may not meet citizenship requirements; what kind of criminal background checks may preclude CHWs? **HHSC Follow-up:** List of what will exclude someone from being certified.
  - **TAHP Follow-up:** Need details on data that is used by CVO to do background check.
- What are the federal requirements to be a Medicaid provider? **HHSC Follow-up:** info to be disseminated
- How many CPW providers today- 70; any idea on how many clients self-refer? **HHSC Follow-up: CPW utilization data.**
- Most enrollees in CPW today are in Houston
- Will case management service include only one assessment and two follow-up calls?
  - Any number of follow-ups could be allowed, but may have to request additional visits through MCO after standard visits done.

- Telehealth available- phone visits allowed for follow-ups but not paid as much as face-to-face or audio/video telehealth. Current HHSC fee schedule rates are as follows, but there will be a rate review, newly proposed rates, etc. And MCOs may not pay the full fee schedule
  - Initial Comprehensive visit- \$146
  - Follow-up visits- \$122
- Discussion on whether MCOs will want their existing employees to become CHWs or hire CHWs to do this vs. contracting with outside CHWs.
- CHWs can contract individually; as part of a group; as part of a medical practice. And can bill individually or as a group.
- **HHSC Follow-up Needed:** Can CHW association enroll as a group and bill on behalf of individual CHWs?
- If receive HRSA funding, could that be seen as “double dipping” for Medicaid clients? (Healthy Start Project affiliated with Parkland- not sure if would register under Parkland or Healthy Start)
- Judy- HHSC- says MCOs can’t limit choice of CPW providers; is today an AWP model in CPW or do MCOs have limited networks? Is there AWP today? **HHSC Follow-Up:** Michelle and team will double check and let us know.
- How often do you have to renew to be a CPW provider? Don’t have to complete training but have to re-up enrollment every 3 years.
- Looking at outcomes? Is that part of provider enrollment considerations? No- HHSC will be looking at outcomes but that doesn’t impact who can enroll as a Medicaid provider if all other qualifications are met.
- Do you have to be a nonprofit to be a provider organization? Could someone open a business and hire community health workers and take care of all the billing/ administrative matters but could change motivation to profit. Could that be a requirement? **HHSC follow-up:** Likely not but can continue conversation.

**Next Steps-** *Shao-Chee Sim (EHF) & Amy Einhorn (St. David’s)*

- Further conversations and convening; coordinate input and recommendations where possible
- Work with HHSC and TAHP on follow-up questions.

**Recurring Themes & Questions**

- *Questions of workforce capacity/ over-saturation came up. Will this attract too many CHWs with promise of work but there aren’t enough jobs in certain cities (Houston and SA mentioned)?*
- *Will plans contract out for CHW work or look to only hire or use in-house CHWs?*
- *Training/ certification requirements and what can be incorporated into training center curricula or DSHS required hours.*