

# Deploying Community Health Workers for Critical COVID-19 Contact Tracing



Health & Medicine  
POLICY RESEARCH GROUP

## Introduction

With COVID-19 continuing to spread across the US, and devastating our most vulnerable populations, public health officials are strongly recommending that states implement large scale contact tracing as a key strategy to prevent the further spread of the disease. Contact tracing, the process of identifying persons who may have contact with an infected person (contact) and the subsequent collection of further information about these contacts, is a proven method of slowing the spread of disease.

The United States will need to hire and train between 100,000 to 300,000 workers to meet current contact tracing workforce needs. Illinois alone will need to hire thousands of contact tracers to effectively contain the virus. This rapid up scaling of our public health workforce is unprecedented, and will require extraordinary collaboration to hire, train, and mobilize workers across the state. Through large-scale statewide testing and public education, community health workers (CHWs) can play a key role in accelerating Illinois's ability to rebuild and strengthen our public health system and the health of all in Illinois.

Section 5313 of the Affordable Care Act identifies CHWs as health professionals and members of multidisciplinary teams that can improve the quality and delivery of healthcare. They also play a key role in prevention efforts. CHWs are essential front-line public health workers with established, trusted relationships within their communities. These relationships enable the workers to serve as liaisons between community members and local health and social service providers, with the goal of facilitating access to services and improving the quality and cultural competence of service delivery. They are trusted messengers of vital and valid information according to Dr. Georges Benjamin, Executive Director, APHA. Given their strong relationships with their communities, it makes sense to hire CHWs to work through public health departments and community organizations to provide critical contact tracing, community education around COVID-19 testing, in person COVID-19 assessment within their communities, and connections to vital health and social services.

## Considerations Before Implementation

Although Illinois has a robust CHW network which could be used as an advantage to quickly scale up contact tracing capacity, several issues must be considered before developing a statewide implementation plan with a CHW workforce focus.

### Addressing Equity

The hiring of thousands to be trained as contact tracers offers a unique opportunity to improve equity in our state. We can and should make it a priority to hire those most impacted by the coronavirus, including formerly incarcerated persons, people of color, people with disabilities and people who have lost their jobs.

### Financing & Reimbursement—Who's Going to Pay for it?

Unlike some other states, Illinois does not reimburse CHW services through Medicaid, as some other states do. So, new resources (potentially public and private) need to be identified to hire, train, deploy and pay for the thousands of CHWs needed to conduct the critical education and contact tracing needed to contain the coronavirus.

In their 2016 report, the Illinois Community Health Worker Advisory Board made the following recommendations on ways the state can finance CHWs:<sup>1</sup>

- The Illinois Department of Healthcare and Family Services (HFS) amend contracts with managed care entities (MCE) to allow MCEs to hire CHWs or subcontract with community-based organizations that employ CHWs
- The HFS filed a state plan amendment (SPA) for CHW services to be reimbursed by Medicaid.
- MCEs that contract with hospitals should encourage hospitals to establish and deploy CHW programs in support of patients upon discharge.
- Hospitals and FQHCs employ CHWs to assist with mandated activities such as

- community health needs assessments and community benefits.
- Home visiting programs hire CHWs. Health care providers, the state and third-party payers should partner with and provide incentives for home visiting programs to hire CHWs.

Some states allow CHWs to be reimbursed for their services through Medicaid. Some reimbursement models include:<sup>2</sup>

- Payment for preventive healthcare recommended by a licensed healthcare professional
- Direct reimbursement as billable hours
- A capitated model in which Medicaid pays a pre-specified amount to orgs that employ CHWs
- CMS funding for medical operating costs associated with CHW services

### Payment Models by State (Data from National Academy for State Health Policy)

State	Financing	State CHW Legislation	State Agency
AK	<b>Medicaid Medical expenditure:</b> The Community Health Aide Program (CHAP) was initially federally funded, with formal training standards established, in 1968. A State Plan Amendment effective July 1, 2017, allows all levels of certified Community Health Aides/Practitioners (CHA/Ps) to be reimbursed for services to Medicaid beneficiaries. Most funding still comes from the Indian Health Service, with additional tribal, grant, or federal Community Health Center funding.	HB 209 (enacted 1993): Community Health Aide Program (CHAP) provided grants for third parties to train community health aides as Community Health Practitioners with an exam at the end of training.	Office of Healthcare Access within the Division of Public Health of Alaska Department of Health and Social Services
CA	<b>Administrative expenditures:</b> Currently, health plans, community-based organizations, and other employers of CHWs generally pay for them through grant funding or operating funds	Section 6332 of the California Labor Code contains a limited definition of CHWs.	California Health and Human Services Agency – CalSIM
MN	<b>Medicaid Medical expenditure:</b> Health plans that contract with Minnesota’s Medicaid agency to provide services to Minnesota Health Care Programs enrollees are required to cover diagnosis-related patient education on self-management services provided by certified CHWs working under clinical supervision. The state Medicaid program also reimburses CHWs on a fee-for-service basis as well as via managed care plan payments. CHWs also provide mental health patient education and care coordination pursuant to a Medicaid state plan amendment.	Minnesota Statutes 256B.0625, Subd. 49 allows CHWs to participate in the Medicaid program and receive payment for certain services.	Minnesota Department of Health and Department of Human Services (Medicaid).
MI	<b>Medicaid Medical expenditure:</b> In its Medicaid managed care contract, the state requires health plans to maintain a ratio of at least one full-time CHW per 20,000 covered lives; provide or arrange for the provision of CHW or peer-support specialist services to enrollees with behavioral health issues and complex physical co-morbidities; and	NA	Division of Chronic Disease and Injury Control in Michigan Department of Health and Human Services

	establish a reimbursement methodology for CHW work that promotes behavioral health integration. In addition, CHWs are part of the interdisciplinary MI Care Teams under the Section 2703 State Plan Amendment. Many health plans have contracted with programs that do asthma trigger reduction work with CHWs, as well as other work.		
NY	<b>Medicaid Incentive Payment:</b> CHWs can be optional team members of Health Home care teams, although the language used in the state plan amendment is “outreach workers including peer specialists” (p.8). According to the National Center for Healthy Housing’s case study on Medicaid Reimbursement for Home-Based Asthma Services., New York has proposed to use CHWs to deliver home-based asthma care in many of its pending Delivery System Reform Incentive Payment (DSRIP) initiatives.	NA	NA

Full list of state data on community health worker models<sup>3</sup>

**Implementation: Recruitment, Training, and Materials**

Even with ample financial resources, contact tracing for COVID-19 is expected to be challenging given how quickly the virus can spread. This will mean that states will need to have processes in place to allow for continuous recruitment of tracers, especially as the number of cases begins to rise, and in case tracers begin to get sick. This will need to be complemented by active culturally relevant public education so that there is trust and compliance with testing and tracing activities.

Researchers are constantly learning new things about COVID-19 as more data is collected. Illinois should have a process in place to provide contact tracing personnel with access to ongoing training and professional development so they are better equipped to support their communities.

While training programs exist for CHWs, rolling out a large-scale training for the thousands of CHWs needed in Illinois will be an unprecedented undertaking. Training should be provided locally through community colleges and other local institutions that will be able to tailor training to meet

local community needs and train the trainer models should be employed.

Illinois is navigating the challenge of securing PPE for healthcare workers. If CHWs are expected to do any face-to-face tracing or public education about the need for tracing in their communities, they must have PPE to protect themselves and those they come into contact with. For CHWs that work remotely, critical items such as online databases, laptops, phones, and other necessary supplies would need to be included in implementation plan budgets.

**Conclusion**

As the state continues to lead us through this crisis, it is essential that we rapidly deploy effective public health strategies to stop the spread of COVID-19. One strategy all agree on is contact tracing. CHWs already play a key role in our public health system and are trusted in their communities. With the proper training and resources, they could quickly mobilize to help contain the virus. State and local health departments should take the lead in hiring and training, while working in tandem with community organizations that already have established CHW programs.

## Resources

- [A National Plan to Enable Comprehensive COVID-19 Case Finding and Contact Tracing in the US](#)
- [Affordable Care Act Opportunities for Community Health Workers](#)
- [National Academy for State Health Policy. Innovative Community Health Worker Strategies](#)
- [Massachusetts Community Tracing Collaborative](#)
- [CHW COVID-19 Workflow Resources and Open Questions](#)
- [A National Plan to Enable Comprehensive COVID-19 Case Finding and Contact Tracing in the US](#)
- [Affordable Care Act Opportunities for Community Health Workers](#)
- [National Academy for State Health Policy's Innovative Community Health Worker Strategies](#)
- [CHW COVID-19 Workforce Resources](#)
- [The Rockefeller Foundation National COVID-19 Testing Action Plan](#)

## Endnotes

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<sup>1</sup> [Community Health Workers in Illinois - A Value-Driven Solution for Population Health](#)

<sup>2</sup> [Community Health Worker Compensation](#)

<sup>3</sup> [State Community Health Worker Models](#)