

Policy to Advance Community Health Workers in Illinois: Contact Tracing & COVID-19 June 2020



Health & Medicine
POLICY RESEARCH GROUP

Introduction

The public health crisis of COVID-19 has laid bare the failures and gaps of current economic, social, ecological, and healthcare policies and infrastructure. There are many lessons to be learned from this unpreparedness and vulnerability. This crisis provides an opportunity for innovation to rebuild the economy, our health care systems, and our healthcare workforce to reflect more equitable, accessible opportunities for all to thrive and be healthy.

Community Health Workers (CHWs) are often on the front lines of defense in combating illness and the underlying social determinants of health. These inequitable health risk factors are often compounded along lines of income level, race, ethnicity and gender. As we create policy to support the role of CHWs, these inequitable health risk factors must be acknowledged for the impact they will have on the CHWs themselves and the populations they work with.

According to the US Bureau of Labor Statistics, about 70.8% of CHWs were women in 2019. While the formal role of the CHW is having a moment in the spotlight, new policy should recognize that this is not a new occupation. Formalizing the role of CHWs provides recognition and economic value to the role that many women already fill, often unpaid, in their communities, that has always been essential to the functioning of the economy.

The role of CHWs is a unique, entry level role among healthcare career fields, and the scope of work is broad, but limited in terms of clinical practice. While CHWs should be an integral part of health care teams, they should not be considered as replacements for other critical roles, such as social work, nursing, etc. Through policy and financial support, career pathways for CHWs may lead many CHWs to these roles. The policies recommended below are not exhaustive but rather present the beginning of a

roadmap for Illinois to formally re-value a role that represents an essential provider role in Covid-19 response and in improving overall community health. To better understand the next steps to strengthen policies regarding CHWs in Illinois, it is important to understand the current relevant policies in place and their implications.

US National Policy

• Affordable Care Act

- *Section 5313* identifies CHWs as health professionals and members of multidisciplinary teams that can improve both the quality and delivery of healthcare.
- *Section 10333* states that Community-Based Collaborative Care Networks are designed to support community-based collaborative care networks that serve low-income individuals.

• Various Medicaid Medical Expenditure Reimbursement pathways:

- *Reimbursement; §1115 Waiver* (enacted 2014) Section 1115 Demonstration Waivers Several states have received Delivery System Reform Incentive Payment (DSRIP) (and similar) resources and used them to fund CHW programs. In Massachusetts, a \$1.8 billion DSRIP demonstration waiver covers extensive infrastructure investment including development of workforce development initiatives to train more CHWs. Many health care providers participating in Massachusetts' Medicaid accountable care organization invested DSRIP incentive funds to hire CHWs. In California, the Whole Person Care (WPC) pilots are funded through the state's 1115 waiver.
- *Managed Care Contracts:* Medicaid managed care contracts already require Managed Care Organizations (MCOs) need to meet certain care coordination and beneficiary engagement

requirements, and CHWs can be effective in meeting these. Many states have implemented CHW policies within contracts with MCOs. More information and examples of contract language can be found in this [report](#) by Families USA.

- *Preventive Services State Plan Amendment*: In 2013, the Centers for Medicare and Medicaid Services (CMS) changed a rule allowing non-licensed practitioners such as CHWs to provide reimbursable preventative services as long as they were recommended or “prescribed” by a physician or other licensed practitioner.
- Additional pathways include, *Broader Fee-for-Service (FFS) Reimbursement* and *Shared Savings or Accountable Care Organization (ACO) Contracting with Providers*
- **The Preventive Health and Health Services (PHHS) Block Grant Program through the Centers for Disease Control (CDC)**
- **Federal Grant Categorical Funding**

Illinois Policy

While Illinois has taken important steps towards enhancing the role of Community Health Workers in the state’s health care system, it has not taken advantage of the options outlined above to create policy and systems to reimburse for CHW services.

- **Illinois Workforce and Scope of Practice:**
 - *House Bill 54121 (HB5412)*: DPH Community Health Workers (CHWs). Health & Medicine worked with state leadership to develop this legislation, passed in 2014, formally recognizing CHWs in Illinois as an integral part of our healthcare teams, and authorizing a taskforce to examine options for certification and reimbursement for the services of CHWs

COVID-19 Policy Recommendations

The COVID-19 crisis presents a unique opportunity to push the role of Community Health Workers past identification policies and towards a more widely recognized, valued, and integrated part of the healthcare system. The following policy recommendations will help realize that vision. The National Association of Community Health Workers (NACHW) has identified “3 Ways to Amplify the Work of CHWs” in addressing COVID-19:

1. **Classify CHWs as “essential, critical infrastructure workers” and pay them to respond to COVID-19.** March 19th, 2020, U.S. Cybersecurity & Infrastructure Security Agency specifically identified CHWs as

essential, critical infrastructure workers. By working with IDPH and HFS, CHWs could be re-identified in Illinois as essential health care workers, which would provide them with PPE training and secure supplies for personal use and distribution to communities.

2. **Mobilize funding to scale CHW networks and associations capacity for contact tracing and care coordination, training, and services.** This requires the prioritization of contract funding for CBOs, FQHCs, and hospitals with existing CHWs and CHW core skills training, and the development of CHW earn and learn career pathways by uplifting the role of CHWs by educating contact tracers, partnering with existing CHW educational programs, and engaging employers.
3. **Recognize CHWs as leaders in COVID-19 community recovery and health system transformation efforts.** This requires engaging and collaborating with CHWs in COVID-19 public education efforts

Illinois CHW Advisory Board Policy Recommendations

A first step would be to require the group convened by the Illinois Public Health Association in 2019, charged with reviewing the 2016 CHW Advisory Board recommendations in this [report](#), to provide the path forward on the report recommendations. The reports guidance includes:

- Developing a tiered career ladder for CHWs to achieve upward mobility/occupational advancement. Tiers should include: CHW generalists, CHW specialists (may require additional education and/or training in specific topics), CHW trainers, and CHW supervisors. Foster career pathways for CHWs seeking to transition to other professions through opportunities at community colleges, universities, vocational training programs, and CBOs.
- The Illinois Department of Employment Security (IDES) should incorporate CHW data into CHW employment statistics to identify trends and needs and make projections. The IDES track relevant CHW employment data which includes a comprehensive review of Standard Occupational Codes, Definitions, Titles, and Salaries for CHWs and other job designations CHWs may work in.
- CHWs should have a basic understanding of behavioral and mental health. For CHWs who plan to or are working specifically in the field of

behavioral and mental health, we recommend the following: Cross-training or dual certification (e.g. certified recovery support specialist credential) for CHWs with lived experience in substance abuse or mental illness. CHW trainings in this area should utilize best or promising practice guidelines for peer competencies in behavioral health (mental health and substance abuse) from state and national experts (e.g. Illinois Certified Recovery Support Specialists [CRSS], Substance Abuse and Mental Health Services Administration [SAMHSA] staff, and professionals involved in Screening, Brief Intervention and Referral to Treatment [SBIRT] and Trauma Informed Care).

- Agencies that integrate CHWs into health care delivery teams, social services organizations, and government and community organizations should:
 - Apply integrated and collaborative approaches in efforts to meet the Triple Aim (improve the quality of patient care, improve population health, and reduce health care costs per capita).
 - Clearly and continuously articulate CHW roles, tasks, and competencies to staff and external partners to mitigate any inter-professional mistrust or tension which may arise.
 - Provide clear and adequate supervision for CHWs; supervision that is flexible and conveys understanding of the unique nature of CHW work.
 - Hire CHWs based on community integration, previous work with the target population, and lived experience.
- CHWs should be integrated into medical homes. CHWs should be the link between the patient and the medical home. CHWs may require additional certificates or trainings, beyond basic CHW certification, based on the needs of the medical home.

Additional Recommendations from Illinois CHW Advisory Board

- Amend Public Act 098-0796 IL CHW Advisory Board Act to adopt roles, competencies and qualities to be an effective CHW
- Encourage different health care agencies and organizations, such as Managed Care Entities (MCEs), hospitals, health centers, home visiting programs, and community-based organizations (CBOs) to use CHWs to provide services
- Recommend that 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.

- Recommend that HFS file a state plan amendment (SPA) in order for CHWs services to be reimbursed by Medicaid. Including:
 - Exercise ACA option available for states of the delivery of preventive services by nonclinical providers;
 - Work with HFS to develop Medicaid fee for service billing codes for home visiting and clinical interactions with non-MCE Medicaid recipients for CHW activities and/or other preventive services, as recommended by the United States Preventive Services Task Force USPSTF: health education (system navigation/care coordination and referrals and follow-up for social/community resources);
 - Identification of activities/preventive services that are potentially reimbursable under the Medicaid program can also inform the same or similar services CHWs could be compensated for via Medicare and private payers
- Recommend that Medicaid managed care entities (MCEs) that contract with hospitals should encourage hospitals to establish and deploy CHW programs in support of patients upon discharge from the hospital to help the patients manage their health in the community and avoid unnecessary readmissions.
- Recommend that Hospitals and FQHCs employ CHWs to assist with mandated activities such as community health needs assessments and community benefits.
- Recommend that home visiting programs hire CHWs.

Other State CHW Policy to consider adapting for Illinois

- Vermont and Oregon have pursued improved health outcomes and reduced costs by utilizing performance-based financial incentives that reward the quality of care and health outcomes instead of the volume of care. This framework encourages the utilization of CHWs to meet performance benchmarks of success. More information about these case studies can be found in this [report](#) by Families USA.
- [Minnesota Health Care Programs \(MHCP\)](#) including Medical Assistance (Medicaid) and MinnesotaCare cover diagnostic-specific health

education services provided by enrolled CHW certificate holders under the clinical supervision of authorized provider types. After state legislation in 2007, the Minnesota Department of Services successfully sought federal approval for MHCP payment for CHW services through its state plan. Minnesota's standardized CHW curriculum was a key factor in the success of this measure. Another was effective advocacy efforts by CHWs and allies. In addition, the legislation was determined to be budget neutral.

- [New Mexico, SB58](#), Community Health Workers Act, created a voluntary, statewide certification program for CHWs through the Department of Health
- [Ohio, HB95, \(enacted 2003\)](#) required the Board of Nursing to issue and renew CHW certificates.
- [Arizona, 2018, HB2324](#), Community Health Worker (CHW) Volunteer Certification legislation initiated by the Arizona CHW Association (AzCHOW) and the Arizona CHW Workforce Coalition to unify, support, and build recognition for CHWs.
- District of Columbia's Department of Health Care Finance (DHCF) launched a care coordination benefit for Medicaid beneficiaries with multiple chronic conditions, enrolled in either Fee-For-Service or Managed Care, called [My Health GPS](#).
- Nevada's CHW Program is funded through The Preventive Health and Health Services (PHHS) Block Grant Program through the Centers for Disease Control (CDC)

Key Stakeholders

There are several existing individuals, organizations, and professional associations that have been and should continue to be engaged in CHW policy development, advocacy, and implementation. While any policy process pertaining to CHWs should be collaborative in nature, the voices and experiences of Community Health Workers must be the guiding light. The following have been identified as key CHW network stakeholders in Illinois: Sinai Urban Health Institute (SUHI) – CROWD, Illinois Community Health Worker Association, Illinois Public Health Association (IPHA), Illinois Department of Public Health (IDPH), Chicago Department of Public Health (CDPH), Cook County Department of Public Health (CCDPH), Community Health Worker Educational Programs (Malcolm X City College of Chicago, South Suburban, Harper College).

Conclusion

There are many steps forward to be made in Illinois and nationally to solidify, amplify, and support the role of CHWs in the healthcare infrastructure. CHWs have been proven study after study to fill health care delivery gaps, to reach communities in a sustainable, accessible way, and to improve health outcomes for their clients. Illinois is not alone in needing to make progress, and there are [more voices](#) across the nation calling for CHW policy change and support than possibly ever before in the US. Particularly at this moment in history as we come together to address the pandemic of Covid-19, the skills of CHWs should be deployed and amplified as part of the healthcare team. The policy recommendations in this report are not meant to be exhaustive, but instead a springboard and call to action. Now is the time to demand improvement to our health care systems, to collaborate on policy solutions, and to lift up the role of the Community Health Worker as an integral part of addressing health inequities in general in addition to specific health conditions.

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About Health & Medicine Policy Research Group

Health & Medicine is a Chicago based non-profit working to improve the health of all people in Illinois by promoting health equity. Founded in 1981 by Dr. Quentin Young, it was formed as an action-oriented policy center—nimble, independent, and focused on regional health issues. Health & Medicine’s mission is to promote social justice and challenge inequities in health and health care. It conducts research, educates and collaborates with other groups to advocate policies and impact health systems to improve the health status of all people. Health & Medicine has successfully developed health policy recommendations and implementation strategies for different public and private entities, earning the trust of the legislature, advocates, the media, researchers and policymakers at all levels of government in Illinois to become the region’s “honest broker” on healthcare policy matters. Learn more at www.hmprg.org.