NORTH Dakota | Health & Human Services **Meeting Minutes**

Be Legendary.

# Community Health Worker Task Force Regular Meeting

**Monday, February 12, 2024**

Call to Order

**Members in Attendance**
Mandy Dendy - Medical Services Division
Rebecca Quinn – UND School of Medicine and Health Sciences Center for Rural Health
Chris Price – Public Health Division
Tyler Kientopf – EMS Representative
Tasha Peltier - Tribal Nations Representative
Amanda Tuura - NDSU School of Public Health
Wendy Schmidt - Hospital Representative
Shannon Bacon - Federally Qualified Health Centers (FQHC)

**Facilitator:** Brian Barrett - APT, Inc

There were many members of the public in attendance with expertise in community health work and community health representative work.

Discussion Items:

**I. Community Health Worker (CHW) Impact Story** (postponed to future meeting)

**II. Review** ND Century Code Section 43-66-01(4) **as it relates to CHW Scope of Practice**

Mandy Dendy spoke with the legal department at the Department of Health and Human Services (DHHS) about how the Century Code relates to Administrative Rules. Administrative rules proposed by this Task Force must align with North Dakota Century Code CHW provisions. Generally,draft administrative rules are written by a division at HHS who forwards these to the DHHS legal department for review and approval. DHHS legal staff ensures that the proposed administrative rules are consistent with ND Century Code. In this case, the Task Force is proposing administrative rules.

The Task Force engaged in a discussion about legislative intent and expectations. One member indicated that the legislature is planning on changing the Century Code regarding the community health worker (CHW). This generated a conversation about the Legislature's expectation for the Task Force and if the Task Force is to merely make recommendations.

The Task Force took another look at the enabling legislation, HB 1028, and saw that the Legislature gave the Task Force specific jobs to do. These jobs are to

- Develop a data-drive plan for community health worker scope of work, education and training, certification and regulation, medical assistance reimbursement, including to a federally qualified health center, and a North Dakota community health worker collaborative.
- Provide HHS a proposal for a state plan amendment or waiver to include CHWs
- Provide HHS proposed administrative rules for the CHW scope of work, education and training, certification and regulation, medical assistance reimbursement, and a ND CHW collaborative.

It was explained that the Task Force is bound by the legislation passed by the legislature (i.e., HB 1028). The Legislature defined CHWs at N.D.C.C. 43-66-01 as individuals certified as CHWs to provide preventive services and then defined preventive services.

Brian Barrett with APT, Inc. advised that Representative Gretchen Dobervich was invited to speak at the upcoming March 18th meeting about not only the history behind this legislation, but legislative intent.

**Should the Task Force adopt a more general scope based on this definition?**

The Task Force reviewed the proposed definition below which is adapted from the American Public Health Association (APHA).

> "A frontline public health worker who serves as a liaison, link, or intermediary between health and social service and the community. CHW's facilitate access to services and improve the quality and cultural competence of service delivery.
>
> Providing preventive services includes:
>
> 1). Screening and assessments,
> 2). Prevention and health education, and
> 3). Health system navigation and resource coordination.
>
> Community Health Worker services do not include any services which require licensure or training outside what is required for CHW certification".
> Community Health Workers (apha.org)

Task Force members reported that many other states use a version of this definition. The definition above is not the exact definition from APHA but very similar. The definition being proposed includes the 3 categories that were discussed in prior meetings (i.e., Screening/assessments, Prevention/health education, Health system navigation/resource coordination).

The Task Force discussed the specific language indicating “community health worker services do not include any service which requires licensure or training for CHW certification”. Some members felt this language is important because it helps prevent CHWs from performing tasks done by other licensed professionals. It was mentioned that the Task Force should use caution when reviewing CHW information in other states because some states have several different community health worker professions that fall under the CHW umbrella (e.g., California). The group questioned if North Dakota could also be perceived as having professions such as direct service personnel (DSP), quality service provider (QSP) and community paramedics fall under the CHW umbrella?

The Task Force seemed to agree on the importance of differentiating CHWs from other professions so it’s clear what is within a CHW’s specific scope of practice. For this reason, leaving out “direct service” from the definition seemed appropriate. For example, community paramedics are training emergency medical technicians and trained to check vital signs and other assessments with respect to the human body. Community health worker training typically does not parallel that of a community paramedic. Instead, CHW training is geared towards people skills and resource navigation skills.

Members of the Task Force discussed if they are missing an opportunity for a CHW to perform direct services in rural North Dakota? Some members felt CHWs are intended to work within the healthcare system emphasizing an integrated team approach. One member explained that CHWs are part of a care team. Within that team model there are other professionals trained to perform direct services and the CHW’s focus should be on care coordination.

The group reviewed a document created by member Wendy Schmidt focusing on Medicaid reimbursement with respect to health education, case management, and direct services. Her research showed that case management and direct services are not mentioned in other states (outside a blood pressure check).

Amber Brady from Coal Country Community Health was invited to discuss the role of the CHW. Amber explained that Coal Country Health employs a CHW who works in rural ND and performs various tasks. She indicated that the CHW is a licensed certified nurse assistant (CNA) but her primary role is health service navigation.

The Task Force further discussed preventative services. Examples such as immunizations, dental varnish, rapid STI testing and direct observed therapy (DOT) were mentioned. Some members questioned what happens for purposes of Medicaid reimbursement if the Task Force does not implement a broad scope of practice? It was explained that there is no guarantee of Medicaid reimbursement regardless of how the CHW scope of practice is written. Typically, state Medicaid programs reimburse for health system navigation, resource coordination, health promotion/coaching, health education and training. These are the practices that fall under preventative services as defined in federal rules. One member of the Task

Force advised that she could not find any evidence of other states reimbursing CHWs for direct services.

Mandy Dendy made a motion to adopt the variation of the APHA Scope of Practice definition above. Wendy Schmidt seconded the motion.

**Roll Call Vote**: Task Force members voted unanimously in support of using the proposed definition as North Dakota's CHW scope of practice.

The Task Force questioned if they could provide coverage suggestions regarding Medicaid reimbursement? The group reviewed language in HB 1028 and concluded that the legislation requires the Task Force to provide a proposal to DHHS for a Medicaid State Plan Amendment or waiver to include community health workers. Therefore, the Task Force can provide coverage suggestions to Medical Services as part of the proposal for a state plan amendment. It was noted that Medical Services leadership will need to review and approve the proposed state plan amendment and could have suggested changes. Generally, when looking at a new provider type, various information is reviewed such as training and qualifications to perform requested services when determining service coverage.

**III. Deciding how to move forward with Education/Training and Certification/Regulation**

The Task Force discussed challenges and requirements when deciding what competencies are important for the training and qualification of ND CHWs. The members seemed to agree that the delivery of this training will be extremely important. The Task Force can approach recommendations for training in a few different ways – it can define required program components and hours of training and then HHS could approve training programs meeting those requirements, or the Task Force can identify specific trainers/programs that can be used, and the Task Force can identify an experience pathway for people who might already be working as CHWs in their communities. Members felt that if training is deemed acceptable, it will allow for a more efficient certification process for those CHW coming from other states. The Division of Public Health will be issuing potential certifications and will need to know the basis for which to approve various training programs and how to structure CHW certification, including the process to recognize Indian Health Service (IHS) Community Health Representative (CHR) training for purposes of CHW certification.

The group identified other tasks that need consideration such as the certification process, ongoing education, re-certification, reciprocity, and residency requirements. According to subsection 1 under statute 43-66-03 "The department shall establish and implement a method for certifying community health workers".

The Task Force discussed various ways to begin gathering information and creating CHW Education/Training and Certification/Regulation. After some discussion, Wendy Schmidt made a motion to create two work groups: The first group will focus on certification/regulation and the second group will focus on education/training. These workgroups will hold meetings open to the public.

Shannon Bacon seconded the motion.

**Roll Call Vote**: Task Force members unanimously approved creating these two work groups as proposed.

The following Task Force members volunteered to participate in the groups below:

| **Certification/Regulation** | **Training/Education** |
|---|---|
| Rebecca Quinn | Melissa Reardon |
| Tyler Kientopf | Shannon Bacon |
| Melissa Reardon | Wendy Schmidt |
| Chris Price | Tasha Peltier? |
| Tasha Peltier? | |

The final conversation centered around training options and other possible resources. The Task Force explored the possibility of obtaining input from Free Through Recovery or Community Connect about various issues regarding training. Prior to the meeting a member did some research into training for these programs and found that while there is some overlap, the training is overall too different from what a CHW would need.

**Public Input: None**

**The meeting ended with the following tasks and agenda items:**

- The Certification/Regulation work group will meet prior to the March 18th regular meeting.
- The Training/Education work group will meet prior to the March 18th regular meeting.
- Brian will coordinate work group dates/times by initially sending an email.
- Brian will select dates/times for the work group and create and post the agenda for each group. These group meetings will be considered “Special Meetings” and need to be posted.

Adjourn 2:30pm

Date Posted: 2/21/24
Date Revised: