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# Meeting Minutes

## Community Health Worker Task Force Regular Meeting
## Monday, March 18, 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
Tyler Kientopf – EMS Representative
Melissa Reardon - NDSU School of Public Health
Wendy Schmidt - Hospital Representative
Shannon Bacon - Federally Qualified Health Centers (FQHC)
Absent: Chris Price & Tasha Peltier

**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. Representative Gretchen Dobervich- overview and history of CHW legislation

Representative Dobervich spoke to the Task Force and began by focusing on CHW funding issues. She indicated that many CHW services are not reimbursable and stressed the importance of sustainability and preventative and first tier care. Sustainability is an issue because grants “only last so long”.

The CHW scope of practice is a major factor. Rep. Dobervich shared that CHW services should be broader when compared to services rendered reimbursable by ND Medicaid. There is a need for diverse funding sources and for CHW programs to be adaptable to different community needs such as urban, rural, and tribal.

Rep. Dobervich indicated that the Task Force needs to focus on the overall program by determining what this will look like. She asked the group to consider the vast number of chronic illnesses and the CHW’s role within the care team. What preventative services can the CHW perform such as screenings and how can this be

important as early and cost-saving intervention? The Task Force should consider the broad possibilities in addition to disease management.

Questions and Points of Discussion:

The Task Force and Representative Dobervich discussed its work and future legislative involvement. Representative Dobervich shared intent for further legislative involvement, reporting to the Legislature, and likely a request which could include funding and a CHW collaborative, among other potential items. Representative Dobervich talked about how there is currently no funding allotted for CHWs through Medicaid. She does not want this to be an unfunded mandate and encouraged exploration of the cost to reimburse CHWs through Medicaid.

There is also no funding for training CHWs nor a CHW collaborative. It was discussed how CHW training and work might align with that of peer support and care coordination and the need to explore what a collaborative might look like and who would fund it. HHS's role in certifying and regulating CHWs was also discussed and what that looks like is yet to be determined. Task Force members indicated a desire to learn more about peer support and care coordination training as they relate to CHWs.

Mandy Dendy clarified that for Medicaid reimbursement purposes, the needed pieces are in place through Century Code, the Task Force's authority to draft proposed administrative rules and a proposed state plan amendment. Administrative rules and a Medicaid state plan amendment do not require legislative involvement, though as Representative Dobervich pointed out there is no funding allotted for Medicaid coverage of CHWs. ND Medicaid/HHS is required, per HB 1028, to submit a state plan amendment for CHW coverage prior to the end of the '23-25 biennium.

Mandy explained that these amendments are submitted to the Centers for Medicare and Medicaid (CMS) and typically are approved within 90 days of submission. CMS may not approve exactly what is submitted in the amendment, sometimes changes are made. Once the amendment is finalized and approved, then ND Medicaid can have policy and implement CHW enrollment/billing. Part of doing a state plan is to estimate utilization of CHW services and an analysis will need to be done to determine a fiscal impact.

State Plan Amendments are sent to Tribal partners for consultation and are also open for public comment. Public comment is also part of the administrative rule process. Rep. Dobervich indicated that it is legislative intent that public comment be obtained as part of the Task Force's work.

Several Task Force members suggested re-visiting the timeline would be beneficial and recommended placing dates for certain tasks to be completed.

Discussion concerning legislative intent.

There is confusion about the budgeting process, future legislative involvement, and the CHW Collaborative. ND HHS is currently tasked with certification and regulation, but could that eventually move to the CHW collaborative? The importance of laying a foundation for growth, flexibility, and expansion was emphasized. Members felt it is important to have a CHW collaborative and present a plan for the collaborative.

One viewpoint is that the Task Force is supposed to create the basic structure or design of the collaborative. The Task Force is limited as to its ability to plan everything in great detail. This work could be a multi-step process. It's unclear exactly what the Legislature intended in HB 1028 as far as future plans for a collaborative or legislative action because the bill is silent on those items. One suggestion on a way to address the collaborative is to create a subgroup specifically focused on creation/structure of a collaborative.

An outstanding question is whether the CHW Task Force can recommend that it be given another two years to work on the CHW collaborative? It was agreed that the Task Force will ultimately compile a list of recommendations along with the tasks in HB 1028.

The Task Force agreed to move forward with the thought of providing information regarding funding. This led to a discussion about the South Dakota CHW collaborative and maybe having someone speak to the Task Force. All members shared their opinions and seemed to agree that, although possibly beneficial, the timing is not right. It was mentioned that the Task Force should do "pre-work" prior to inviting a speaker and maybe review other collaborative websites. Some members felt it would be beneficial to have a "draft" before hearing a presentation from the SD Collaborative.

Training/Education discussion

Wendy Schmidt reviewed information from the Training/Education work group Special Meeting on March 5th. She advised that the group first focused on states having Medicaid reimbursement and discovered that there are basically 2 tracks: The straight certification process and a process that considers various hours in different areas. There was no clear information as to how the latter track works and how hours in different fields translate to certification. The group believes avoiding having somebody subjectively decide which jobs qualifies as well has how many years' experiences is important. Because of this, the group focused more on the certification options.

Competencies outlined by Minnesota and South Dakota seem to line up with the scope of practice created by this Task Force. Wendy explained that MN and SD competencies are identical because SD purchased the training program from MN.

The work group questioned Minnesota's legal and cultural training and if this is appropriate for North Dakota? Wendy investigated and she explained that MN and South Dakota's legal training centers around the scope of practice and ethics. Since both MN and SD training is almost identical and very similar to the scope created by the Task Force, the training appears appropriate for ND. Some of the courses include training in the following areas: HIPAA, mandatory reporter, malpractice, reading policy manual, professional boundaries, professional development, referrals, and referral assessment and how to document. There is also training in electronic records and trauma informed care. Wendy advised that the legalities seem broad and wouldn't necessarily be specific to Minnesota or South Dakota.

Shannon Bacon has been sharing the curriculum and competencies with the health centers and, from their perspective, the Task Force should consider the curriculum's length of time. Implementing a time-consuming curriculum may present significant barriers for those well suited to be a CHW. It was questioned if there are ways to shorten the CHW curriculum? Maybe a "one week intensive" or shortening the number of hours required? Also, the health centers suggested looking at the 1915(i) curriculum. Shannon questioned if it would be beneficial to have Monica Haugen or another individual from Community Connect to speak to the Task Force? Shannon explained that this could provide insight as to overlap and learn about the curriculum. Also, it is important to make the CHW program cost effective. The current CHW workforce is not large. CHW's will most likely be hired or identified by their current employer. Having the employer pay for the employee's salary in addition to the tuition/training would not be cost effective.

Shannon reached out to an organization who works with health centers and has experience with CHWs. Shannon will gather information about shorter curriculums and/or different types of models.

Wendy advised of a CHW from Bismarck who took the SD course and completed it in 6 weeks. Wendy believes there are 3 different "links" and some options are shorter.

Another question proposed by the health centers focused on peer support and care coordinators and accelerated training. Maybe creating a training course that would take as little as a few days would be adequate? The group questioned how many hours someone with extensive experience truly needs to be a CHW?

The cost of the MN and SD training was questioned as a possible barrier because it is $2,000 - $4,000 to take the community college training. Nevada's training is under $1,000 and through a community college. There is also a health worker association that provides an 8-week training for $300. Mandy Dendy suggested exploring minimum training competencies and giving HHS the authority to approve programs that meet those requirements might be a reasonable approach. She also indicated support for an experience pathway so long as it ensures CHWs meet the same

minimum competencies as those going through a training program to ensure consistency of CHW services statewide.

Tyler Kientopf suggested that the Task Force use caution to the approach of minimizing training and the number of hours because it could decrease the credibility of the CHW role.

Shannon explored the idea of a “staged” or “level approach”. This gives the CHW the ability to be certified but continue to earn additional levels. Tyler indicated that EMS used a similar approach, and he wouldn’t be opposed to this idea. Rebecca Quinn indicated that there could be specific “endorsements” earned by a CHW. For example, a cultural endorsement or a veteran endorsement. Melissa Reardon indicated that a tiered approach could be beneficial and could meet the needs of the communities. She also indicated that implementing cost-effective training should be explored and maybe using TrainND (or something similar) combined with hands-on training could be a solution.

The Task Force also discussed the Community Health Representative (CHR) and recognized that their training is more comprehensive and will qualify for CHW certification.

Shannon asked if the Task Force would like someone who worked on the 1915(i) to speak about the curriculum and what this entails and see if there is any crossover. There was no opposition, and it will be placed on the agenda.

Next Steps
Task Force members agreed it would be prudent to finalize training/education before focusing on certification/regulation. Rebecca Quinn suggested creating a “timeline” which will outline dates and prioritize requirements listed in HB 1028.

Public Comment:
Terry Dwelle: Suggested focusing on “quality” over “time” regarding curriculum certification.

This meeting ended with the following tasks and agenda items:
Brian will email the Task Force about future agenda items.
Brian will coordinate a Special Meeting for the training/education work group.
Brian will create a revised timeline that illustrates tasks from HB 1028.

Adjourn: 2:28pm CST

Date Posted: March 27, 2024
Date Revised: