Community Health Worker (CHW) Voluntary Certification in Arizona

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Arizona Rural and Public Health Policy Forum
Arizona State Capitol
Yanitza Soto, Mae-Gilene Begay, & Kim Russell
Agenda

I. CHW Coalition
II. ADHS CHW Program
III. Other State Experiences
IV. New Mexico Experience
V. Community Health Representatives
VI. CHR Movement
VII. Next Steps for Arizona
Community Health Worker (CHW) Program
Community Health Worker (CHW)

“Frontline public health workers who are trusted members of and/or have an unusually close understanding of the community served.....

...serve as a liaison, link, and intermediary between health/social services and community to...
Community Health Worker (CHW)

- ...facilitate access to services and improve the quality and cultural competence of service delivery...
- ...build individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities...”
Improve patient care experience

Reduce healthcare cost

Improve health of populations
Voluntary Certification

- Standardize Workforce
- Define Competencies, Scope of Work and Training
- Financial Sustainability
- Incentives for Voluntary Certification to allow CHWs to bill for Medicaid services
Community Health Workers (CHWs) Training/Certification Standards
Current Status

- **Laws/Regulations Establish CHW Certification Program Requirements**: Statute creates a CHW Advisory Board, Taskforce, or Workgroup to Establish Program Requirements
- **No Law; But Has State-led Training/Certification Program**: Medicaid Payment for Certified CHW Services
- **Pending Legislation**: None

* AK does not have a state-run CHW training program, but statutorily provides community health aide grants for third-parties to train community health aides.

Last updated: 3/16/2015
Currently in Arizona

- Learning from other states
- Supporting current certification efforts (educational institutions, curriculums, on-the-job training)
- Moving forward in identifying what certification could look like—both the process and the criteria
- Presentation to the House Health Committee on 2/9/16
ADHS Role in Supporting CHWs

- Az CHW Leadership Council
  - Serve in the advisory capacity
  - Establish annual goals in collaboration with partners
  - Recommend activities to improve the CHW workforce within the state

- Included CHW strategies in
  - CDC Public Health in Action Cooperative Agreement
  - Other funding opportunities

- Create Standards for statewide training
Grandfathering Process for NM CHE Certification

NAVAJO CHR/OUTREACH PROGRAM
New Mexico Healthcare Workforce Initiative of 2014

- Proposals of healthcare workforce expansion were brought before the NM 2014 Legislative session.
- In particular, the Community Health Worker Training and Certification initiative was passed and signed, creating the Community Health Workers Act.
Starting out!

- Formation of the State CHW Advisory Committee
  - Representation of State ethnic groups
  - Development of CHW Certification
  - Strategize Legislative education
  - Presentation of the proposed CHW Certification
    - Sharing recommendations: CHW Certification Board
    - CHW Department staffing
Implementing CHW Certification

- Training/train the trainer
- Setting standards for Grandfathering
- Media blast of CHW Certification
- Education/assistance with application
- State assist with filing fee
Eligibility Requirements

- Applicant is at least 18 years of age by submission of color photo ID
- 2 letters of reference on agency/program letterhead
  - Program Director
  - Supervisor
- 2000 hrs. of formal CHW work/volunteer (within the past 2 yrs.)
  - Home health aid
  - Health educator
  - Health tech
  - CHR
  - Clinical CNA
Requirements (con’t)

- Must be able to provide formal, verifiable documentation to support each core competency:
  - CNA License
  - CPR Certification
  - Public Health Certificate
  - Driver’s License
  - Environmental Specialist Certificate

- Verification by a current or former supervisor of proficiency in the core competencies.
  - Supervisor will need to state the applicant is proficient in all core competencies.
Core Competencies

Must be proficient in the following 10 core competencies:

1. **The CHW Profession:** Ability to describe scope of practice/ work and history of program.
2. **Effective Communication:** Observation, mediation, conflict resolution, reflective listening.
3. **Interpersonal:** Ability to establish trust & rapport with clients and service providers, show empathy & compassion,
Core Competencies (con’t)

4. **Health Coaching:** Ability to use motivational interviewing to help clients identify and strategize goals

5. **Service Unit Coordination:** Identify high risk clients and help them navigate client services, follow up with referrals, maintain client information

6. **Capacity Building:** Build personal leadership skills, support coworkers and clients to understand and use health information
Core Competencies (con’t)

7. **Advocacy:** Ability to speak on behalf of individuals and organizations, work for change in your communities

8. **Technical Teaching:** Ability to plan & organize presentations, trainings, etc., evaluate the effectiveness of programs, utilize adult learning principles

9. **Health Outreach Skills:** Support the leadership skills of others, define communities to be served by outreach, build positive reputation in communities.
Core Competencies (con’t)

10. **Community Knowledge & Assessment:** Identify community knowledge, skills, needs, & priorities, and share results that are clear and easy to understand
Certification Levels & Fees

- **Generalist:**
  - $45 – applicant meets eligibility requirements for certification through grandfathering

- **Specialist I:**
  - $55 – applicant meets requirement for Generalist and demonstrates proficiency in clinical support skills (Core Competency #11)
Review Process

- Department of Health will inform applicant of approval/disapproval
  - If the application is approved, a background check is required (this cost to be paid by the individual CHW)
  - Certification is valid for 2 years
    - Need 30 hours of continuing education & apply to renew your certification before it expires.
COMMUNITY HEALTH REPRESENTATIVES IN ARIZONA
Tribes in Arizona

- 22 Federally Recognized Tribes in Arizona
- Tribal Reservations are largely located in rural and frontier areas of the state
- Reservations comprise approximately 29% of the state
CHRs in Indian Country

- Community Health Workers in the Indian health care system are known as Community Health Representatives (CHRs)
- The CHR Program began in the late 1960’s
CHRs in Indian Country (con’t)

- Indian Self-Determination and Education Assistance Act of 1975 aka (PL 93-638) provided authority to Tribes to run and administer funds for programs such as the CHR programs

- 19 of the 22 Tribes operate their own CHR Program with minimal funding from the Indian Health Service
## CHR’s in Indian Country

<table>
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<tr>
<th>IHS Area Office</th>
<th># of CHRs</th>
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<tbody>
<tr>
<td>Navajo</td>
<td>50</td>
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<tr>
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<tr>
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<td>23</td>
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<tr>
<td><strong>TOTAL:</strong></td>
<td><strong>163</strong></td>
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CHR Movement

- September 1, 2016 in Flagstaff, AZ
- 17 of 21 Tribes attended
- Inform Tribes of current policy regarding CHRs
  - Voluntary Certification
  - Reimbursement through Medicaid
- Teleconference Meetings (4)
Policy Summit Recommendations

1. **Inform tribal stakeholders** about CHR Voluntary Certification and how it further elevates the CHR profession.

2. **Inform tribal health care systems about potential Medicaid reimbursement of CHR Services** and how the Section 1115 Waiver may provide for this opportunity as well as the cost savings incurred when CHRs are included as a member of the health care team.

3. **Create awareness among CHR stakeholders about the role and impact of CHRs** on the social determinants of health and wellbeing, especially the positive health outcomes.
Policy Summit Recommendations

4. Inform tribal health care systems how leveraging and expanding the role of CHR within existing programs can maximize resources and benefit population health. Existing programs include oral health, behavioral health, Women Infants and Children (WIC), elder care, and the Special Diabetes Programs,

5. Identify and secure funding to provide consistent meetings among the 19 CHR programs to continue dialogue and progress on CHR priorities and issues to include certification and reimbursement.
Recommended Next Steps for Arizona

- Formation of Legislative Ad Hoc Committee to study CHW Voluntary Certification
- Finalizing the certification process in Arizona
- Explore Medicaid Reimbursement for CHW Services (100% FMAP for Tribes)
- Investigate other financial sustainability options for CHW (private health plans)
Contact Information

Yanitza Soto, CHW Program Manager
Phone: (602) 542-8261
yanitza.soto@azdhs.gov

Mae-Gilene Begay, Program Director
Phone: (928) 729-4027
mgbegay@yahoo.com

Kim Russell, Executive Director
Phone: 602-542-5725
Kim.Russell@azahcccs.gov