Using State Plan Amendments (SPAs) to Support Community Health Workers

CHW Sustainability Collaborative Webinar June 20, 2018





Housekeeping

- Today's presentation is being recorded
- The Q&A will not be recorded
- All participants are currently muted
- To ask questions:
 - During presentation, type in chat box
 - During Q&A, unmute by pressing *7
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- Please fill out evaluation at the end!
- To join the CHW Sustainability Collaborative, please email <u>CHWCollaborative@familiesusa.org</u>

Today's Speakers

- Ellen Albritton, Senior Policy Analyst, Families USA
- Joel Ervice, Associate Director, Regional Asthma Management and Prevention (RAMP)
- Jessica Holmes, Principal Strategist, St. Louis Integrated Health Network
- Erika Saleski, ES Advisors, LLC



Families USA: Who We Are

Families USA, a leading national voice for health care consumers, is dedicated to the achievement of highquality, affordable health care and improved health for all. We advance our mission through public policy analysis, advocacy, and collaboration with partners to promote a patient-and community centered health system.

Working at the national, state and community level for over 35 years.





Who are Community Health Workers?

- Trusted members of their community
- Bridge between health care system, social services, and their community

PromotoresCommunity Health AideLay Health WorkerLay Health AdvisorPeer EducatorPatient NavigatorPeer Health AdvisorHealth EducatorCommunity Health RepresentativePeer Health Worker



FamiliesUSA.org

What is a State Plan Amendment?

- Change to a state's Medicaid program that a state has to submit to the Centers for Medicare and Medicaid Services (CMS) for approval
- Relatively easy/straightforward (compared to a Medicaid waiver)
- CMS Rule Change: allows for non-licensed providers (like CHWs) to provide preventive services recommended by a licensed provider
- Limitations/Considerations: fee-for-service, definition of preventive services, intersection with certification







California's Experience

June 20th, 2018

Joel Ervice Associate Director



About RAMP

- RAMP reduces the burden of asthma through a comprehensive approach, ranging from clinical management to environmental protection
- We collaborate, coordinate, share resources, and advocate to reduce inequities, strengthen asthma prevention efforts, improve management for all communities
- Goals:
 - Improving indoor air quality in housing and schools
 - Reducing outdoor air pollution
 - Linking clinical care with prevention



California's Experience

- What are we trying to do?
- How are do trying to do it?
- Status of our SPA
- Lessons Learned
 - Perseverance, flexibility and a willingness to learn
 - Pursuing multiple policies and funding streams
 - Deciding to take a broad or disease-specific approach
 - Partnership infrastructure and related resources
 - Making complex information accessible
 - Navigating challenges related to non-licensed professionals



What are We Trying to Do?

- Increase access to patient education and in-home environmental trigger remediation
- Improve the sustainability of new and existing in-home asthma programs
- Strengthen the health care workforce, including Community Health Workers and other non-licensed professionals



How Are We Trying to Do It?

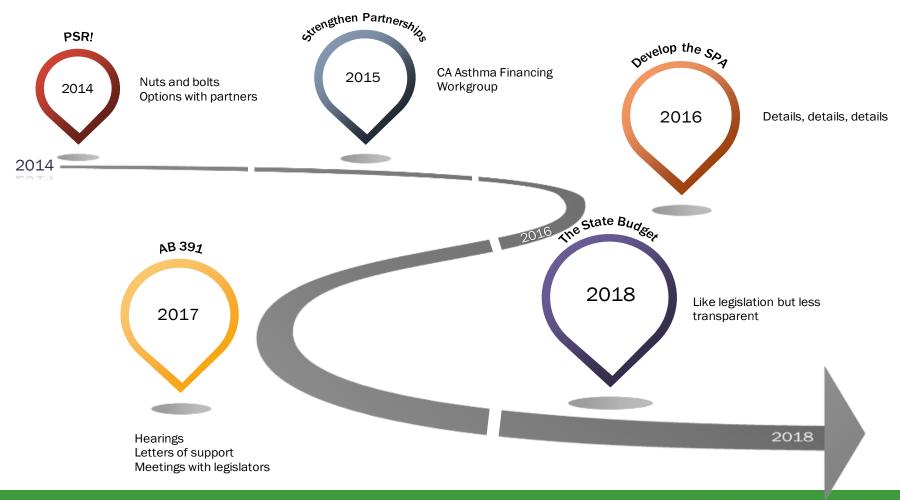
• Adopt a State Plan Amendment for Medicaid's Preventive Services Rule...



• ...as well as pursue many other efforts



Status of Our SPA



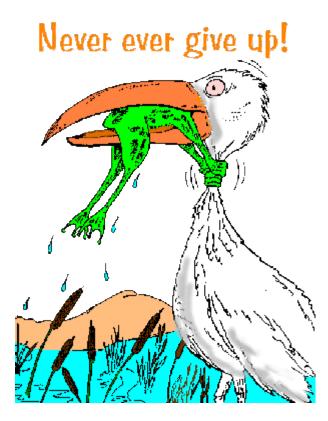


Lessons Learned

- Flexibility, perseverance and willingness to learn
- Pursuing multiple policies and funding streams
- Deciding to take a broad or disease-specific approach
- Partnership infrastructure and related resources
- Making complex information accessible
- Navigating challenges related to non-licensed professionals



Perseverance, Flexibility and a Willingness to Learn



Working together to reduce the burden of asthma

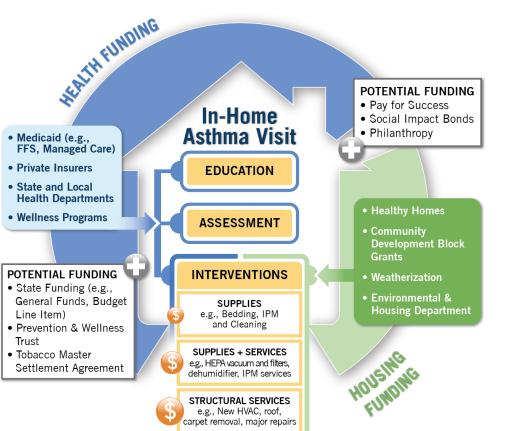


Pursuing Multiple Policies and Funding Streams





Pursuing Multiple Policies and Funding Streams

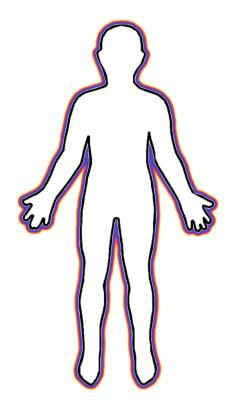


U.S. Environmental Protection Agency



Taking a Broad or Disease-Specific Approach

VS.





Working together to reduce the burden of asthma

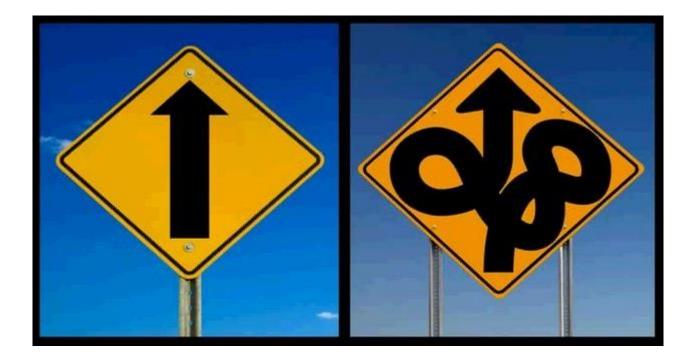


Partnership Infrastructure and Resources

- Diverse Perspectives and Expertise
- Partnership Infrastructure



Making Complex Information Accessible





Navigating Challenges of Non-Licensed Professionals

- Qualifications
- Workforce capacity and availability

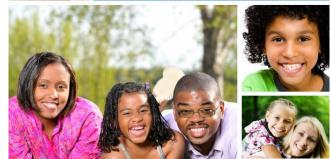


Lessons Learned



Sustainable Financing for Asthma Education and Home Environmental Trigger Remediation: Lessons Learned from the Field

NOVEMBER 2017



http://www.rampasthma.org/archives/14893





http://nchh.org/tools-and-data/financing-and-funding/building-systems-tosustain-home-based-asthma-services/

Online resources:

RAMP's *Lessons Learned* white paper: <u>http://www.rampasthma.org/D:Web%20Siteswww.rampasthma.orgwp-</u> contentuploads/2017/11/RAMP_Lessons_Learned_Full_Paper.pdf

NCHH e-Learning Platform: http://elearning.nchh.org/courses/login/index.php#section-2

EPA's Asthma Community Network: <u>http://www.asthmacommunitynetwork.org/Financing</u>

Childhood Asthma Leadership Coalition: <u>http://www.childhoodasthma.org/resources/2016/5/27/pathways-to-medicaid-reimbursement-for-pediatric-asthma-services</u>



Thank You!

Joel@rampasthma.org --- 510-285-5711

MISSOURI CHW PAYER ENGAGEMENT WORKGROUP

OVERVIEW

- Background: Payer Engagement Workgroup
- Medicaid Payment Recommendations
- Strategy
- Next Steps

PAYER ENGAGEMENT WORKGROUP



BACKGROUND: PAYER ENGAGEMENT WORKGROUP

- 2015: MO DHSS Statewide CHW Advisory Committee Formed
- 2016: DHSS CHW Advisory Committee identified the following priorities:
 - CHW training and curriculum at community colleges
 - Codify the CHW Core Competencies
 - Develop CHW certification process
 - CHW Sustainability
- 2016: Missouri Medicaid PCHH CHW Pilot
- 2017: MO Primary Care Association funding to support CHWs at FQHCs across the state
- Fall 2017: Missouri had the 2nd highest attendance at the Unity Conference (annual CHW convening)
- Spring 2017: Statewide Payer Engagement Workgroup is formed with endorsement from DHSS and the Statewide CHW Advisory Committee
- Spring 2018: MCOs engaged to join the Statewide CHW Advisory Committee
- May 3, 2018: Payer Engagement Workgroup presents Medicaid payment recommendations

BACKGROUND: PAYER ENGAGEMENT WORKGROUP

- Purpose of workgroup:
 - To develop and promote implementation of sustainable financing streams for CHW programs in Missouri
 - To bring on-the-ground perspective from CHWs and community-based organizations for consideration in the design of reimbursement structures
 - To engage national thought leaders (New Mexico, FamiliesUSA, Michigan MPCA, Unity Conference leadership) in lessons learned from other states
- Composition: Open to Statewide CHW Advisory Committee including MPCA, health partners FQHCs, community organizations, local planning groups
- Activities:
 - ROI research
 - Payment model and sources recommendations
 - Engage Medicaid MCOs

BACKGROUND: NATIONAL CHW CORE VALUES AMERICAN ASSOCIATION OF CHWS

Access: ensure equal access to services

Acceptance: remain open-minded and are accepting of others

Advocacy: advocate for communities, individuals and the field of community health work

Excellence: providing quality services and the most accurate information available to individuals and communities

Learning: embrace learning Access as life long, including life experiences and traditional learning

Partnership: partners in the design, implementation and evaluation of CHW programs

Self-determination: CHWs shall determine the direction of the field

Social Justice: CHWs are agents of change

Strength: assist families to acknowledge strengths and build upon them

Trust: CHWs have earned the trust of individuals and communities

Unity: CHWs regardless of discipline, region of the country, job title, and work within or outside of traditional systems are unified in our work to reduce disparities.

MEDICAID PAYMENT RECOMMENDATIONS

POTENTIAL PAYMENT MODELS: OVERVIEW

- Offered options for payment reimbursement models (e.g. FFS, PMPM, shared savings)
- Identified most promising Medicaid payment pathways for MO:
 - Managed Care
 - State Plan Amendment (SPA)
- Recommended inclusive process with stakeholders, state and CMS to determine the SPA components and MCO Contract language
- SPA is only one component of an approach to a sustainable reimbursement structure
 - Limits CHW scope of practice

POTENTIAL PAYMENT MODELS: OVERVIEW

SPA should have:

- Broad target population
- Alignment with CHW scope of practice as broadly as possible
- Alignment with statewide accepted core competencies or certification, when established
- MCO should be required to contract with local providers and community organizations delivering CHW services

ENGAGEMENT STRATEGY



ENGAGEMENT STRATEGY

- Presented Workgroup recommendations during the May 3rd Statewide CHW Advisory Committee meeting
 - Audience included Missouri Medicaid, FQHCs, MCOs, CHWs, educators, local public health departments, other state employees
- Verbally affirmed each recommendation with stakeholders present
- CHWs described how SPA would limit scope of practice and, as such, the impact/quality of their services





NEXT STEPS: PAYER ENGAGEMENT WORKGROUP

- Successes:
 - CHW decision-making
 - Engaged multiple and diverse groups to support aligned payment recommendations
 - Used statewide table to recommend to MO Medicaid
 - Successfully engaged one MCO in payment policy development
- Challenges:
 - Continuing the discussion with MO Medicaid

NEXT STEPS: PAYER ENGAGEMENT WORKGROUP

- Next Steps:
 - Prepare to respond to SPA submitted to CMS
 - Work with MissouriCare (WellCare) on identifying relevant FFS codes and building an all-inclusive reimbursement strategy
 - Examine funding streams beyond Medicaid (e.g. Head Start, AAA)
 - Develop a strategy to sustain CHW efforts for the uninsured

Questions?

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