

Discussion Guide

Illinois Health Care and Human Service Reform Act (Public Act 102-0004)

Community health workers (CHWs) help patients, particularly those from underserved communities and those with complex health needs, overcome barriers to quality health care.ⁱ CHWs have been linked to improved health outcomes and a reduction in health costs, particularly high-cost services such as Emergency Room visits.ⁱⁱ The Illinois Black Caucus recognized the benefits of CHWs in minimizing health disparities when drafting the Illinois Health Care and Human Service Reform Act (the Act), which includes a section integrating CHWs into the Illinois Medicaid landscape.ⁱⁱⁱ This guide leads stakeholders through key questions that may arise with implementation of the Act. The resource highlights decisions that may impact the further development of the CHW workforce and aims to facilitate timely conversations that can prepare advocates to support CHWs and the communities they serve.

TRAINING PROGRAMS

The Act: The Act calls for multi-tiered CHW training opportunities. The Department of Public Health (IDPH) is directed to collaborate with state education boards to develop a process to certify academic-based trainings and collaborate with a statewide association representing CHWs¹ to adopt processes to certify community-based training programs. IDPH will base approval of training programs on core competencies, best practices (with an eye toward other states' programs), and affordability.

Next Step: IDPH will develop protocols to certify academic- and community-based training programs.

Questions to Consider:

1. How can trainings be comprehensive, be accessible, and factor in an audience of diverse CHWs, including CHWs from different races, genders, sexual orientations, geographies, disabilities, and socioeconomic statuses?

Note: IL should determine whether trainings should require fees, and if so, whether such fees will be capped or subsidized. Other states have used varied approaches. Massachusetts certifies trainings offered by a variety of organizations; some courses are free, but others cost up to \$1,300.^{iv} New Mexico offers no-cost online trainings designed and managed by a non-profit organization.^v

2. How can training programs be accessible, so that CHWs with disabilities and chronic health conditions do not face barriers when joining the workforce?

¹The "statewide association representing community health workers" has been currently identified as the Illinois Community HealthWorker Association (ILCHWA).

Note: Studies suggest that individuals living with chronic conditions benefit from programs where they receive support from peers who are going through a similar experience. Cancer peer support programs have been found to improve coping skills, reduction in isolation, and increased confidence in talking to physicians, and HIV peer support programs have been shown to result in social acceptance, personal growth, and empowerment.^{vi}

3. **Are there format guidelines that would make training opportunities more accessible that haven't been addressed by the questions above?**

Note: Should IL set an hourly requirement for CHW trainings? Should IL offer CHW trainings in multiple languages? Massachusetts has certified training of varying lengths (8 to 80 hours), whereas Texas trainings (offered in both English and Spanish) must be at least 160 hours, with at least 20 hours focused on each core competency.^{vii}

Additionally, would it be beneficial to offer online training options that are pre-recorded and can be taken at any time? Such flexibility might accommodate participants who cannot take off work, are unable to arrange dependent care coverage, or are unable to attend trainings at a certain time or location.

4. **What type of specialized training opportunities would allow CHWs to best support the communities they serve? Are there particular conditions or social factors that are especially relevant in Illinois or in particular parts of the state (i.e. rural areas)?**
5. **Are there existing CHW training programs that better reflect communities that are underserved? What principles from these trainings should be incorporated into training program requirements or guidelines?**
6. **What role can community based organizations (CBOs) and federally qualified health centers (FQHCs) play in conducting outreach to encourage a diverse array of community members to undergo CHW training and certification? How can CBOs and FQHCs support new CHWs throughout the training and certification process to ensure retention?**

Note: A Louisiana survey of CHWs and CHW employers found that CHWs identify costs and time away from work as some of the primary obstacles to obtaining CHW training and certification.^{viii}

INDIVIDUAL CHW CERTIFICATION

The Act: The Act creates the Illinois CHW Review Board, which will advise IDPH regarding the certification of individual CHWs and training programs. The Board will be co-led by a representative from IDPH and a representative from a statewide association representing CHWs. The Board will consist of representatives from various state agencies, as well as members of the CHW workforce, CHW employers, and other stakeholders.

Next Step: The Illinois CHW Review Board will be created.

Questions to Consider:

1. **Who should serve on the CHW Review Board? Are there certain stakeholders that should be at the table? Representatives from CBOs, FHQCs, or insurance industry?**

Note: As a quick exercise, can you jot down the names of five individuals from varying backgrounds and expertise who would be able to contribute to the board if appointed?

2. **What types of certification requirements best reflect the type of CHW workforce that would be best suited to serve Illinois communities?**

Note: The Board will need to determine the number of training hours and/or work hours a candidate must meet in order to be certified as a CHW. States have taken differing approaches. For example, Massachusetts requires 2,000 hours of CHW work in addition to the completion of a training.^{ix} Texas does not require prior work experience but instead requires CHWs to complete 160 hours of training.^x Additionally, the Board should also consider to what extent criminal history may bar a candidate from certification. The disqualification of CHWs based on past legal system involvement could create a significant barrier of entry to the field, especially for people of color. If Illinois feels strongly about including a criminal background check in the certification process, it should set guidelines to ensure clarity and transparency. Massachusetts only considers convictions or open cases, not arrests or juvenile offenses, does not automatically disqualify any CHW, and strongly considers mitigating factors and evidence of rehabilitation.^{xi}

3. **How can grandparenting protocols be inclusive of all CHWs who are already serving communities? Can these protocols be designed so public health workers who joined the workforce during the COVID-19 pandemic have a pathway to become certified CHWs?**

Note: What types of requirements might help grandparent current CHWs? Massachusetts requires 4,000 hours of CHW work within the previous 10 years, while Texas requires 1,000 cumulative hours within the past three years.^{xii} Minnesota has even more restrictive grandparenting regulations, requiring a CHW to have at least five years of supervised experience to be certified.^{xiii}

4. **How can ILCHWA and employers support existing CHWs in completing the certification process so that they are eligible for reimbursement by Medicaid?**

REIMBURSEMENT OF CHW SERVICES

The Act: Certain CHW services will be covered by Medicaid subject to appropriation. Managed care entities (MCEs) will be permitted to hire or contract with CHWs to provide services to enrollees. CHWs are required to work under the supervision of an “enrolled medical program provider,” and be certified, in order to be reimbursed by Medicaid. However, certification is not required for employment, and MCEs have the discretion to employ or subcontract with noncertified CHWs if services are paid for with funding sources outside of Medicaid.

Next Steps: The Department of Healthcare and Family Services (HFS) is directed to develop a list of services for which CHWs will be eligible for reimbursement. HFS will have to request approval from the federal Centers for Medicare and Medicaid Services to reimburse CHW services through Medicaid. HFS is also directed to amend its contracts with MCEs to allow them to employ CHWs or subcontract with CBOs that employ CHWs.

Questions to Consider:

1. **For which CHW services is reimbursement most essential? How can a list of reimbursable services ensure CHWs have flexibility to meet the unique needs of communities served?**

Note: As a quick exercise, can you list the five most important CHW services for Medicaid beneficiaries? While some state Medicaid programs only reimburse a few, specific services, CMS has approved billing codes, which include a wide range of CHW services. Oregon Medicaid reimburses CHWs for preventive medicine counseling; home visits; substance abuse screening; patient education and training; certain therapies; and oral medication administration.^{xiv}

2. **How should HFS define “enrolled medical program providers” for the purposes of CHW supervision? Which professionals are best equipped to supervise CHW services and comply with Medicaid requirements?**

Note: The Act does not define the term “enrolled medical program providers.” Other states that include supervision as a prerequisite for reimbursement of CHW services typically require supervisors to be licensed medical professionals, including physicians, nurses, and mental health professionals.^{xv} However, the vague term used by the Act may create an opportunity for advocacy for more relaxed supervision requirements.

3. **What level of supervision is required? Must enrolled medical program providers be present when CHWs administer services? How can telemedicine facilitate supervision of CHW services?**

4. **What resources and support do CBOs and FQHCs need in order to integrate and support CHWs?**

Note: MPH Salud, a Michigan-based non-profit organization, has assisted FQHCs and others create their own CHW programs for 20 years. Its Capacity Building Assistance Program provides training and technical assistance to help organizations improve their CHW programs.^{xvi}

5. **How can managed care entities be encouraged to utilize CHWs?**

Note: In other states where managed care plans may be reimbursed for CHW services, MCE contracts explicitly mention, and even encourage the use of CHWs. For example, Massachusetts Medicaid

(MassHealth) urges Accountable Care Organizations (ACOs) to spend start-up and ongoing grant funding on investments in the primary care workforce, including hiring CHWs.^{xvii}

6. How can CBOs and FHQCs incentivize managed care entities to subcontract with them for CHW services?

Note: What would a mutually beneficial agreement between a CBO or FHQC and an MCE look like? Some MCEs in New Mexico pay per member per month fees to clinics that provide beneficiaries with CHW services.^{xviii}

7. What role can CHWs play in managed care plans? For which services should managed care entities utilize CHWs?

8. Will the state provide technical assistance and support to assist CBOs and FQHCs who work with MCEs?



This resource is made possible with the generous support of the Bristol Myers Squibb Foundation. The resource does not provide legal representation or advice. For specific legal questions, please consult an attorney.

ⁱ Center for Health Law and Policy Innovation, *Creating Care Connections: Strategies to Support Community Health Worker Training 1* (June 2018), <https://perma.cc/F93B-TFAY>.

ⁱⁱ Id.

ⁱⁱⁱ H.B. 0158, 102nd Gen. Assemb., Reg. Sess. (Ill. 2021).

^{iv} Training information for Community Health Workers, Mass.gov (last visited Feb. 27, 2021), <https://perma.cc/MY7M-QDMP>.

^v Office of Community Health Workers, NMDOH (last visited Feb. 27, 2021), <https://perma.cc/UX65-BWW7>.

^{vi} H. Sharon Campbell et al., *Cancer peer support programs – do they work?*, 55 *Patient Educ. & Counseling* 3, 13 – 14 (2004); Patricia Marino et al., *Peer Support to Promote Medication Adherence Among People Living with HIV/AIDS*, 45 *Soc. Work in Health Care* 67, 72 – 77 (2007).

^{vii} Training information for Community Health Workers, Mass.gov (last visited Feb. 27, 2021), <https://perma.cc/MY7M-QDMP>; CHW Certification Requirements, Texas Health and Human Services (last visited Mar. 28, 2021), <https://perma.cc/MEL2-7WVK>; 2021 Texas DSHS-Certified Training Programs for Community Health Workers (CHWs) and CHW Instructors, DSHS.Texas.gov (last visited Mar. 28, 2021), <https://perma.cc/627N-4PLM>.

^{viii} Meredith Sugarman et al., *Center for Healthcare Value and Equity, Louisiana State University Health Sciences Center – New Orleans, The Louisiana Community Health Worker Workforce Study Committee Report 24*, 37 (2020), <https://perma.cc/2ZFW-9UY5>.

^{ix} Apply for Community Health Worker Certification, Mass.gov (last visited Feb. 27, 2021), <https://perma.cc/QQN4-PLM8>

^x CHW & Instructor Training Sites, Texas Health and Human Services (last visited Mar. 28, 2021), <https://perma.cc/G9JP-R8GZ>.^{xi} Community Health Worker (CHW) Certification Application, Mass.gov (last visited Apr. 29, 2021), <https://perma.cc/MMT6-FTNU>.

^{xii} Apply for Community Health Worker Certification, Mass.gov (last visited Feb. 27, 2021), <https://perma.cc/QQN4-PLM8>; CHW Certification Requirements, Texas Health and Human Services (last visited Mar. 28, 2021), <https://perma.cc/MEL2-7WVK>.

^{xiii} Covered Services, Mn. St. § 256B.0625 (Minn. 2020), <https://perma.cc/S827-WXNQ>.

^{xiv} Oregon Health Authority, *Oregon Medicaid Fee-for-Service Reimbursement for Community Health Workers* (last updated Sept. 1, 2020), <https://perma.cc/2GC9-SAFQ>.

^{xv} See e.g., Oregon Health Authority, *Oregon Medicaid Fee-for-Service Reimbursement for Community Health Workers* (last updated Sept. 1, 2020), <https://perma.cc/2GC9-SAFQ>; *Community Health Worker (CHW)*, Department of Human Services (last visited Feb. 15, 2021), <https://perma.cc/7B62-8GXA>.

^{xvi} *Our Community Health Worker Programs*, MPHSalud.org (last visited Apr. 15, 2021), <https://perma.cc/manage/create?folder=29646>.

^{xvii} Mass.gov, *Contract by and Between the Executive Office of Health and Human Services and [TBD] to Serve as a Primary Care Accountable Care Organization for the Accountable Care Organization Program 18* (2017), <https://perma.cc/MH4M-CEJ2>.

^{xviii} University of New Mexico *Community Health Worker Model: CHW LEADS*, The Commonwealth Fund (Oct. 1, 2020), <https://perma.cc/P6FK-XC4D>.