

## Recommended Model Guidelines for Credentialing Community Health Worker Programs and Community Health Workers

Developed through the National Peer Support Collaborative Learning Network

Lead Authoring Organizations:

Center for Health Law and Policy Innovation, Harvard Law School

National Council of La Raza (NCLR)

Peers for Progress, American Academy of Family Physicians Foundation

There is growing evidence for the benefits of Community Health Worker (CHW) Programs and the efforts of individual CHWs and others providing peer support in health care, prevention and related services. This has been documented in numerous studies and in a Call to Action<sup>1</sup> detailing the benefits of such interventions and calling for their full implementation.

The Affordable Care Act (ACA) recognizes the importance of CHW Programs in reaching medically underserved communities to deliver effective preventive, chronic, and transitional care.<sup>2</sup> As part of implementing ACA requirements, the Centers for Medicare & Medicaid Services (CMS) issued a regulation that allows preventive services recommended by a physician or licensed provider – but provided by a non-licensed provider like a CHW – to be reimbursed.<sup>3</sup> The ACA also created new care models that provide incentives for the use of CHWs to improve health outcomes and reduce health care costs. As a result, state Medicaid programs and other payors must develop ways to identify CHW programs and CHWs that qualify for a) reimbursement for services, and/or b) inclusion in programs reimbursed through capitated mechanisms, such as Accountable Care Organizations (ACOs).

**Development of Recommendations.** As organizations strongly interested in the contributions CHW services can make to health, health care and prevention, NCLR and Peers for Progress convened the National Peer Support Collaborative Learning Network comprised of diverse groups with interests in this area, including representatives of CHWs, voluntary and government health organizations, professional organizations, foundations, and others. With the Center for Health Law and Policy Innovation of Harvard Law School, we have recognized that, without concrete models to guide state Medicaid and other payors in identifying CHW services for reimbursement, full realization of the provisions of the ACA in these areas will not be realized. Accordingly, we have developed these Recommended Model Guidelines. We have done so not to speak for CHWs or other groups, but as organizations with strong interests in promoting the roles of CHWs and the contributions they may make to the nation's health. We hope the dissemination of these Guidelines will provoke discussion and the generation of additional models so that state agencies, other payors, ACOs, and policy makers will have concrete examples from which to draw in developing their own procedures for reimbursement or capitated payments.

**Individuals and Programs Covered.** As used in this document, "Community Health Worker" is intended to include *Promotores de Salud*, Health Coaches, Lay Health Advisors, Patient Navigators, and others who provide a wide range of services such as peer support, health education and promotion, and/or community engagement and empowerment. The variety and adaptability of these programs and workers is at once their strength and a challenge to documents such as this. The intent of this document is to outline specific procedures and criteria for credentialing and quality assurance but not to limit the scope and activities of Community Health Worker Programs or CHWs. Provisions in state laws and regulations and private health

<sup>1</sup> <http://peersforprogress.org/wp-content/uploads/2015/04/150417-call-to-action-for-chws.pdf>

<sup>2</sup> Patient Protection and Affordable Care Act (2010) § 5313.

<sup>3</sup> CENTERS FOR MEDICARE AND MEDICAID SERVICES, Update on Preventive Services Initiatives, Nov. 27, 2013, <http://medicaid.gov/Federal-Policy-Guidance/Downloads/CIB-11-27-2013-Prevention.pdf>.

plans calling for reimbursement of CHWs or for their inclusion in covered services should be understood to include those with these alternative titles or who primarily perform tasks within the definition and scope of work outlined here. Accordingly, the “Definition and Scope of Work” below should provide a base for regulations but should be adapted according to the needs and communities to be served and traditions of existing CHW Programs and CHW services.

**Grounded in Community.** A foundational and enduring characteristic of CHWs is their grounding in the communities they serve. This can take many forms, but the close relationship between CHWs and the community they serve is central to their roles and functioning. As the organizational contexts of CHW Programs expand to include, for example, clinical settings, the definitions of “communities served” and CHWs’ linkages with those communities will also expand. Nevertheless, this grounding should be recognized as essential to CHWs and all development of guidelines and regulations regarding CHWs and CHW Programs should include CHWs in their direction and development.

**Flexibility and Community Input.** To assure that CHW and other peer support programs maintain the community- and person-centered features that are central to their effectiveness, regulations and procedures for credentialing should incorporate and protect flexibility and local tailoring of programs. Along these lines, promulgation, revision, and implementation of guidelines should include citizen or consumer input, especially from those groups whom CHW programs are intended to help.

**Administrative Setting.** It is anticipated that coordination and implementation of these quality assurance standards will be through individual or consortia of private insurers. They might also be implemented through existing state agencies responsible for credentialing and licensing professionals, through a state department of health, and/or another state entity. A specific entity that takes responsibility for finalizing guidelines and regulations and for implementing them is referred to throughout this document as the “Board.”

**Credentialing of CHW Programs or Individual CHWs.** In some cases, CHWs will be credentialed as individuals, similar to credentialing or licensure of individuals in other areas, e.g., phlebotomy. In some circumstances, however, it may be more expeditious for **programs** that include CHWs to become credentialed. For example, a Federally Qualified Health Center employing a number of CHWs may find it more efficient to gain credentialing for all its CHW-related activities than to facilitate or manage the individual credentialing of all who work under its aegis. In most states or settings, it will be advantageous for both individual- and program-level credentialing to be available. Accordingly, the guidelines below include model language for both approaches.

**Recognition of Other Program Credentials.** In many cases, CHW Programs may already be credentialed for other services that closely overlap or include those specified here. This may include, for example, state credentialing of programs providing substance abuse treatment, rehabilitation, or community care for those with qualifying mental illness. In order to reduce the burden on programs to document requirements for multiple programs and services, the Board may elect to identify some of such certifications as also meeting the qualifications for credentialing CHW Programs.

**Nontransferability of Credentialing through CHW Programs.** According to the guidelines, individuals whose work may be reimbursed through a credentialed CHW Program will not, perforce, become credentialed themselves as CHWs. However, their work in the CHW Program may make them eligible for individual credentialing, if the state or payor develops an individual-level credentialing regime.

Program or Practice Features	Standards for Individual Community Health Workers (CHWs)	Standards for Community Health Worker Programs (CHWPs)
<p><b>Definition and Scope of Work</b></p>	<p>CHWs are usually members of the communities they serve or individuals with experience with the problems they will address. This provides a firm understanding of things important to those they serve, their experience, health concerns, language, culture, and/or communities.</p> <p>Services CHWs provide range widely but will generally include:</p> <ul style="list-style-type: none"> <li>• Health education, information, support for self management or prevention, counseling to encourage healthy coping and reduce emotional distress;</li> <li>• Direct services, such as care coordination, health screenings, or basic health services such as directly observed medication therapy;</li> <li>• Facilitation of access to, and navigation of, health care and social services;</li> <li>• Services through community-based settings such as homes, schools, clinics, shelters, local businesses and community centers;</li> <li>• Bridging or culturally mediating between individuals, communities and health and human services;</li> <li>• Building individual and community capacity;</li> <li>• Advocating for individual and community needs;</li> <li>• Providing all of these in a manner that is sensitive to key issues faced by those they help – their needs, concerns, experience, life stage, culture, language, communities, etc.</li> </ul> <p>Additional roles and services may emerge in the development of CHW practice and in response to expressed needs of those they serve.</p>	<p>CHWPs include assistance provided by members of the communities they serve or individuals with experience with the problems they will address. This provides a firm understanding of things important to those they serve, their experience, health concerns, language, culture, and/or communities.</p> <p>Services CHWPs provide range widely but will generally include:</p> <ul style="list-style-type: none"> <li>• Health education, information, support for self management or prevention, counseling to encourage healthy coping and reduce emotional distress;</li> <li>• Direct services, such as care coordination, health screenings, or basic health services such as directly observed medication therapy;</li> <li>• Helping community members to access the services they need;</li> <li>• Services through community-based settings such as homes, schools, clinics, shelters, local businesses and community centers;</li> <li>• Bridging or culturally mediating between individuals, communities and health and human services;</li> <li>• Building individual and community capacity;</li> <li>• Advocating for individual and community needs;</li> <li>• Providing all of these in a manner that is sensitive to key issues faced by those they help – their needs, concerns, experience, life stage, culture, language, communities, etc.</li> </ul> <p>Additional roles and services may emerge in the development of CHWPs and in response to expressed needs of those they serve.</p>
<p><b>Eligibility, Selection and Recruitment</b></p>	<p>To be eligible to become a CHW, individuals must be at least 18 years old and of “good moral character.”* Generally they will be required to have completed at least the 12<sup>th</sup> grade or its equivalent, but this requirement may be waived for some groups or individuals based on variation in previous educational opportunity. Additional requirements may be established by the Board insofar as they are reasonable relative to the potential work and responsibilities of CHWs.</p>	<p>CHWPs shall recruit individuals who are at least 18 years old and of “good moral character.”* Generally they will be required to have completed at least the 12<sup>th</sup> grade or its equivalent, but this requirement may be waived for some groups or individuals based on variation in previous educational opportunity. CHWPs may also select individuals who are similar to the intended audiences of programs in key ways, such as having experience with a particular health condition a program is intended to address. Additional requirements may be established</p>

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		by the CHWP insofar as they are reasonable relative to the potential work and responsibilities of CHWs.
<b>Skills and Core Competencies</b>	<p>Core competencies are a set of overlapping and mutually reinforcing skills and knowledge essential for effective community health work in core areas that include, but are not limited to:</p> <ul style="list-style-type: none"> <li>• Communication and interpersonal skills</li> <li>• Teaching skills</li> <li>• Organizational and service coordination skills</li> <li>• Skills for community assessment, community organization, capacity-building, and advocacy</li> <li>• Skills for record keeping, communication with other staff, and smooth integration of services with host organization’s programs and activities</li> <li>• Knowledge base on specific health issues they will address</li> <li>• Application of public health knowledge and approaches</li> </ul>	<p>CHWPs shall train or secure training for CHW core competencies that are a set of overlapping and mutually reinforcing skills and knowledge essential for effective community health work in core areas that include, but are not limited to:</p> <ul style="list-style-type: none"> <li>• Communication and interpersonal skills</li> <li>• Teaching skills</li> <li>• Organizational and service coordination skills</li> <li>• Skills for community assessment, community organization, capacity-building, and advocacy</li> <li>• Skills for record keeping, communication with other staff, and smooth integration of services with host organization’s programs and activities</li> <li>• Knowledge base on specific health issues they will address</li> <li>• Application of public health knowledge and approaches</li> </ul>
<b>Quality of CHW Training</b>	<p>To be eligible for credentialing, CHWs will have completed training from an organization recognized by the state as a provider of CHW training. Criteria for such recognition will include curricula developed to address the Skills and Core Competencies noted above, faculty with appropriate training and experience, documentation of methods for evaluation of trainees and of programs, sufficient dedication of time of staff responsible for coordination and administration of training program, and other characteristics as the Board may deem appropriate.</p>	<p>To be eligible for credentialing, CHWPs will secure training from an organization recognized by the state as per the criteria under Standards for Individual CHWs or provide such training themselves. Such training shall include curricula developed to address the Skills and Core Competencies noted above as they are appropriate to the goals and objectives of the particular program. Training shall be provided by faculty with appropriate training and experience. It shall include documentation of methods for evaluation of trainees and of programs, sufficient dedication of time of staff responsible for coordination and administration of training program, and other characteristics as the Board may deem appropriate.</p>
<b>Extent of Training</b>	<p>Training will entail education and/or documentation of having provided service that encompasses the full range of Skills and</p>	<p>Training and/or documentation of having provided service appropriate to the range of services the CHWP will entail. Those trained</p>

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	<p>Core Competencies detailed above. The details of required training vary widely across different states and credentialing regulations. Examples are provided in the Notes on Specific Terms and Provisions at the end of this document.</p>	<p>for roles in specific programs may receive briefer training than those trained for individual credentialing, but with the flexibility of this criterion goes substantial responsibility of the CHWP to provide appropriate Training, Evaluation and Monitoring, and Supervision, Program Enrichment, and Remediation as described below.</p>
<b>Evaluation of Training</b>	<p>To be recognized by the state, training programs shall propose methods of trainee evaluation sufficient to ensure skills of CHWs as well as general knowledge and this evaluation process shall be required to be approved by the Board.</p>	<p>To be recognized by the state, CHWPs or programs through which their staff are trained shall propose methods of trainee evaluation sufficient to ensure skills of CHWs as well as general knowledge and this evaluation process shall be required to be approved by the Board.</p>
<b>Required Continuing Education</b>	<p>Continuing education provided by a CHW training program approved by the Board or by a CHWP in which the CHW works and which is approved by the Board. As with training, details of required continuing education vary widely across different states and credentialing regulations. Examples are provided in the Notes on Specific Terms and Provisions at the end of this document.</p>	<p>Continuing education provided through the CHWP in which the CHW works and which is approved by the Board or by a CHW training program approved by the Board. As with training, details of required continuing education vary widely across different states and credentialing regulations. Examples are provided in the Notes on Specific Terms and Provisions at the end of this document.</p>

To qualify for reimbursement or inclusion in covered services, all Programs utilizing CHWs shall be required to document the following procedures for managing, monitoring, supervising, and providing appropriate back-up to CHWs.

<b>Requirements &amp; Guidelines for Program Management, Training, Supervision, Monitoring, and Back Up</b>	
<b>Program Management</b>	<ul style="list-style-type: none"> <li>• Programs must have a designated coordinator who is responsible for the overall recruitment, training, supervision, and monitoring of CHWs and for assuring appropriate back-up for them.</li> <li>• Generally, this coordinator will have a masters or equivalent degree in nursing, social work, public health, education, psychology, or some other appropriate field. Waivers to this requirement may be approved by the Board.</li> <li>• There must be an organizational chart or other suitable documentation of reporting relationships within the Program and linking the program to the overall management of the host organization.</li> <li>• Appropriate to the scope and objectives of the program, there shall be individuals with clinical training available to the program for advice and guidance.</li> </ul>

<p><b>Evaluation and Monitoring</b></p>	<ul style="list-style-type: none"> <li>• The Program shall identify measurable objectives that include both reach and engagement of intended audiences as well as clinical or other outcomes appropriate to its focus.</li> <li>• The Program shall conduct regular evaluations addressing these stated objectives and shall report these to the Board annually.</li> <li>• Evaluation shall include monitoring of services of individual CHWs and appropriate supervision and counseling of those failing to achieve objectives set for them. Summary of this evaluation shall be included in annual report to the Board and use a form for reporting approved by the Board.</li> </ul>
<p><b>Supervision, Program Enrichment, and Remediation*</b></p>	<ul style="list-style-type: none"> <li>• The coordinator or other staff member shall provide regular group and individual supervision to CHWs that includes monitoring of their individual and group performance. If not the coordinator, the staff member providing such supervision shall have appropriate training, ready access to professional staff of the host organization, and a direct reporting or collaborative relationship with the designated coordinator.</li> <li>• Supervision shall include discussion of areas for improvement, review of existing or introduction of additional skills and competencies, and updating of information (e.g., new treatment or resources available to program participants).</li> <li>• As part of their application for approval by the Board, Programs shall document plans for identification and remediation of CHWs whose performance is unsatisfactory and for identification and removal from service of those whose actions or behaviors are substantially inappropriate or unethical.</li> </ul>
<p><b>Back-Up of CHWs</b></p>	<ul style="list-style-type: none"> <li>• Concern regarding possible harm of CHW services is best addressed by readily available and appropriate back-up for CHWs.</li> <li>• Appropriate to the services provided and those served, the Program shall document as part of its application to the Board plans for back-up of CHWs.</li> <li>• These plans shall include the source and mode of back-up, qualifications of those providing back-up and their pertinence to issues for which back-up may be necessary, algorithms for back-up, availability of back-up (e.g., 24 hours a day for programs addressing Serious Mental Illness or other programs with appreciable likelihood of life-threatening circumstances), and specific means available to CHWs for securing back up (e.g., telephone number staffed 24 hours a day by back up staff).</li> </ul>

## **\*Notes on Specific Terms and Provisions**

### **“Good Moral Character”**

This is a broad term that states can individually define to meet their needs. To maximize the pool of effective community health workers, states should not develop a definition of “good moral character” or equivalent term that is likely to exclude the most effective CHW candidates. Some populations, such as sex workers and injection drug users, are perhaps best reached by CHWs with a deep understanding of their experiences and context. One option is for states to mandate an employer background check rather than a government background check, giving the employer discretion in developing a responsible hiring policy that responds to the community the employer is seeking to reach.

States that have addressed this question have established extremely different policies. In Massachusetts, for example, “certifying good moral character is the applicant's responsibility and typically involves disclosing prior criminal history, professional discipline, and academic discipline.” “Board Meeting Minutes, November 12, 2013, BOARD OF CERTIFICATION OF COMMUNITY HEALTH WORKERS, *available at* <http://www.mass.gov/eohhs/docs/dph/quality/boards/past-minutes/chw/agenda-minutes-20131112.pdf>.

Ohio’s strict statute lists the “[c]onditions for eligibility to receive [a CHW] certificate.” Ohio Rev. Code Ann. §4723.84. The conditions relating to moral character include: (1) a CHW must not have committed any crime that is referenced in its nursing licensure statute, (2) a CHW must not have defaulted on a child support order, (3) a CHW must not be required to register as a sex offender. *See* Ohio Rev. Code Ann. §4723.84.

Texas can disqualify a potential CHW for having a criminal record “if the crime directly relates to the duties and responsibilities of an instructor, promotor(a) or community health worker.” 25 Tex. Admin. Code § 146.12. The regulations provide guidance as to how to evaluate whether a criminal conviction relates to the occupation, including factors such as the nature and seriousness of the crime and the length of time since the date of the crime. *See* 25 Tex. Admin. Code § 146.12.

As with any state regime related to CHWs, it is important to include stakeholders in the CHW community when developing “good moral character” criteria.

### **Hours of Training**

Texas requires either 160 hours of training or 1000 hours of service within the past six years. 25 Tex. Admin. Code § 146.8. Massachusetts requires either 80 hours of training or 4000 hours of work experience. *See* “Board Meeting Minutes, October 14, 2014, BOARD OF CERTIFICATION OF COMMUNITY HEALTH WORKERS, *available at* <http://www.mass.gov/eohhs/docs/dph/quality/boards/past-minutes/chw/agenda-minutes-20141014.pdf>. Oregon requires either 80 hours of training or 3000 hours of work experience. Or. Admin. R. 333-002-0370; Or. Admin. R. 333-002-0310. Ohio grandfathers in those who have worked as CHWs since prior to 2005. Ohio Rev. Code Ann. § 4723.84.

Massachusetts and Ohio use the standard of 15 hours of continuing education every 2 years. Oregon requires 20 hours of continuing education every 3 years. *See* “Board Meeting Minutes, January 14, 2014, BOARD OF CERTIFICATION OF COMMUNITY HEALTH WORKERS, *available at* <http://www.mass.gov/eohhs/docs/dph/quality/boards/past-minutes/chw/agenda-minutes-20140114.doc>; Ohio Rev. Code Ann. § 4723.85. *Continuing Education (CE) Requirements*, NURSING.OHIO.GOV, *available at* <http://www.nursing.ohio.gov/PDFS/Education/CE%20FAQ%203.12.pdf>.

Oregon requires 20 hours of continuing education every 3 years. Or. Admin. R. 333-002-0320.

### **Required Supervision**

Some states require CHWs to practice under the supervision of specified health professionals. In Minnesota, in order for Medicaid to reimburse for CHW services, the CHW must “work under the supervision of a medical assistance [Medicaid] enrolled physician, registered nurse, advanced practice registered nurse, mental health professional..., or dentist.” Minn. Stat. § 256B.0625. In Ohio, a CHW must be supervised by a nurse if the CHW is administering medications or performing any other activity that requires judgment based on nursing knowledge or expertise. Ohio Rev. Code Ann. § 4723.82.