



# COMMUNITY HEALTH WORKERS AND NEVADA

**Exhibit S Health Care**  
**Document consists of 21 pages.**  
**Entire document provided.**  
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NEVADA DIVISION OF PUBLIC AND BEHAVIORAL HEALTH – CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION  
Legislative Committee on Health Care May 7, 2014  
Carson City, Nevada

# Creating a Viable CHW Program



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- ❑ Infrastructure
  - ▣ Training Curriculum
  - ▣ Certification
  - ▣ Reimbursement Mechanisms
- ❑ Funding



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## DEFINING THE PROFESSION FOR NEVADA

- Education Development and Training
- Certification
- Funding Mechanisms
  - Spotlight on Minnesota



## 4 Education Development & Training



# Education Development & Training

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- ❑ Specifically designed, formal training programs based on identified core competencies
  - ▣ State-level certification
  - ▣ Community college based training
- ❑ Hybrid in-person/online training program
- ❑ Trained only in specialized health topics within various settings

# Training - Other State Models

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## Texas

- State regulated training and certification
- Completion of approved 160-hour competency-based CHW training program certified by health division or experience of at least 1000 cumulative hours of service within the most recent 6-years accompanied by documentation
- Continuing education requirements (20-hours)
- No cost for certification

## Minnesota

- Statewide standardized, competency-based education (45-50 hours)
- Based in higher education, on-the-job training, and continuing education
- Registration with the Minnesota Department of Human Services

## Massachusetts

- Standardized curriculum
- Offered through community colleges and certified institutions

# Training Model for Nevada

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- ❑ Completion of approved competency-based CHW training program and/or experience
  - ▣ Partnership with the Nevada Systems of Higher Education
  - ▣ Hybrid in-person/online training program
- ❑ Certification by the Nevada Division of Public and Behavioral Health
- ❑ Continuing education requirements
  - ▣ 25-hours



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## Certification



# Certification

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- Certificate of Completion – Proof of the completion of a course of study done usually by formalized college-based programs or a certifying body
  - ▣ Pros – Professional respect, workforce integrity and third party reimbursement opportunities
  - ▣ Cons – Cost to administer, integrity to the lay worker CHW model

# Certification – Other State Models

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	ALASKA	OHIO	TEXAS
<b>Legislation</b>	Yes	Yes	Yes
<b>Certifying Body</b>	Indian Health Service	Ohio Board of Nursing	Texas Dept of State Health Services
<b>Reach of Law</b>	Defines scope of practice, training, and certification requirements	Required to call oneself a “Certified CHW”. No protected scope of practice.	Compensated CHWs must be certified, not volunteer CHWs. No protected scope of practice.
<b>Methods for Meeting Certification Requirements</b>	Board-certified training and employment by HIS or credential equivalency	State-approved training; Experience; Endorsement	State-certified trainings; Experience
<b>Application Process</b>	\$400 fee	\$35 fee Criminal Check	No fee
<b>Length of Certification</b>	2-years	2-years	2-years
<b>U.S. Citizenship Requirement</b>	No	Yes	No
<b>Renewal Requirements</b>	48 hours	15 hours	20 hours

# Certification Model for Nevada

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	NEVADA
<b>Certifying Body</b>	Bureau of Health Care Quality and Compliance (HCQC)
<b>Reach of Law</b>	Defines scope of practice, training, certification requirements
<b>Methods for Meeting Certification Requirements</b>	State-approved training/experience requirements, criminal background check, TB test and immunizations, CPR
<b>Application Process</b>	To be determined
<b>Length of Certification</b>	2-years
<b>Continuing Education Requirements</b>	50-hours



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## Financing Mechanisms

# Financing Mechanisms

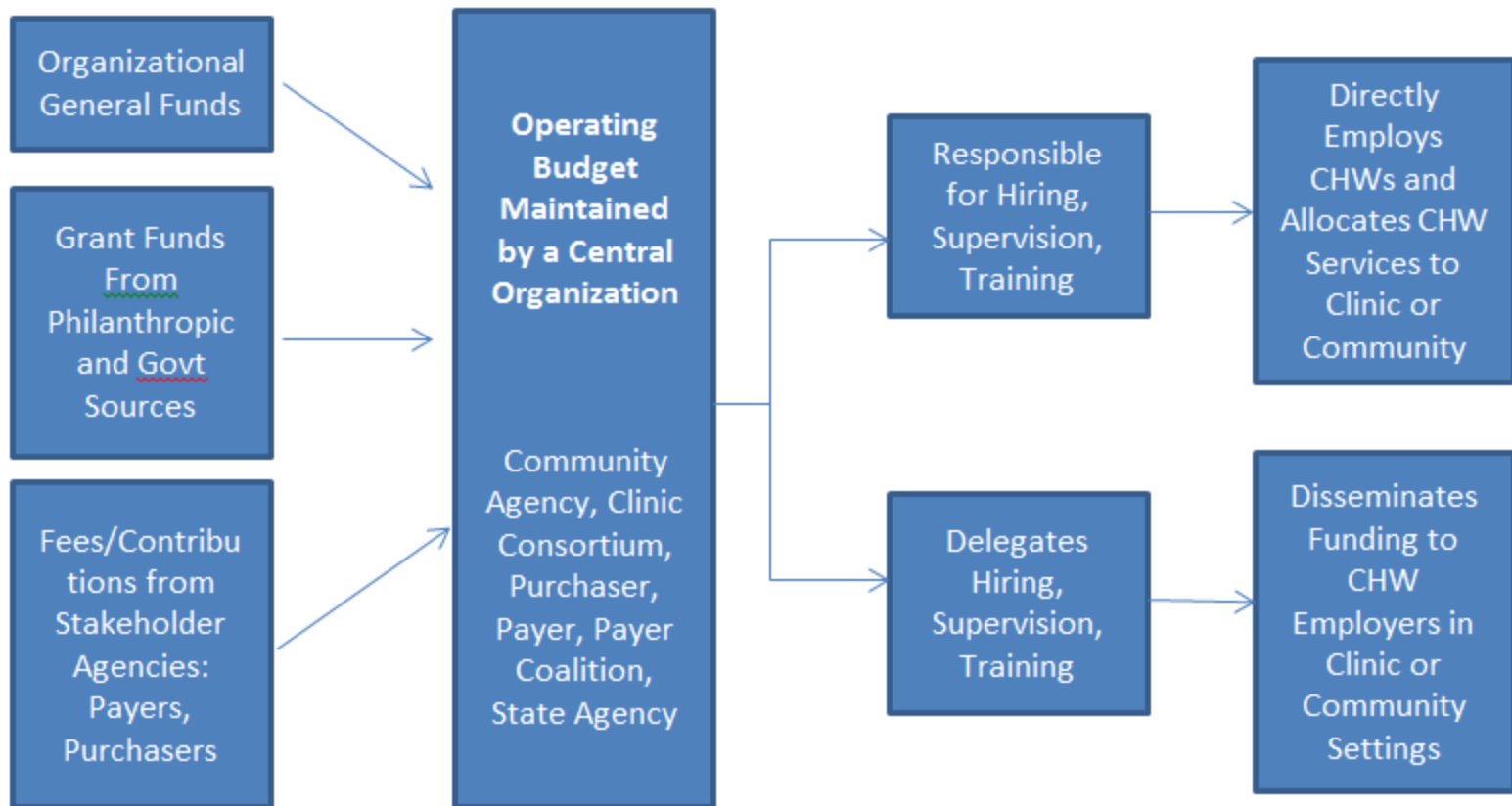
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## 1. Financing Mechanisms

1. Varies – government agencies, charitable foundations, health system payers or purchasers and private sector. Some have consumers directly purchase CHW services.
2. Most Common – 1) Budgetary approach and 2) Reimbursement to service providers for CHW services

# Budgetary Approach

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**Figure 1: Budgetary Approach**

Davis, A.C., (2013). California Health and Human Services Agency. Leveraging community health workers within California's state innovation model: background, options and considerations.

Chronic Disease Prevention and Health Promotion Section, May 2014

# Reimbursement for Activities Approach

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- ❑ Support through bundled payments or aggregated forms of payment made by insurers
- ❑ Hiring, training and supervision of CHWs are delegated directly to the service providers
- ❑ Encounter based billing
- ❑ Medicaid administrative funds
- ❑ Clinical supervision often involved

# Other State Models

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## Minnesota

- Funded by a grant from the Blue Cross and Blue Shield of Minnesota Foundation to the National Fund for Medical Education
- After state legislation, able to reimburse CHW services
- Enroll with Minnesota Health Care Programs – may bill for Patient Education and Care Coordination Services only and must be supervised by a clinical professional

## Massachusetts

- No statewide infrastructure to support standardized training for CHW field
- Funding is typically uncertain and allocated through categorical, cyclical grants related to specific populations, diseases and conditions

## New Mexico

- Oversight by the New Mexico Community Health Workers Association
- Funded in part by state, federal and private foundation dollars
- Some programs have developed a way to bill for services under Medicaid dollars and Children's Health Insurance Program funding.





# Medicaid and Minnesota

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- Requirements for Medicaid Reimbursement
  - ▣ Valid CHW certification
  - ▣ Services are performed under the supervision of a licensed health professional (i.e. Physician, dentist, advanced practiced registered nurse, certified public health nurse, mental health professional)
- Covered Services:
  - ▣ Diagnosis-related
  - ▣ Medical Intervention
  - ▣ Not a social services
  - ▣ All services must be provided in-person and in an outpatient clinic, home, or other community setting



# Medicaid and Minnesota

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## ❑ Fee-For-Service Model

- ▣ Based on units of time
- ▣ Can only have 1-8 patients at a time
- ▣ Billing is limited to 4 units per 24-hours
- ▣ No more than 8 units can be billed per calendar month per recipient
- ▣ Providers must bill in 30-minute units

## ❑ Billing Procedure Codes

- ▣ 98960-98962: Self management education and training, face-to-face (billing based on # of patients)

# Example: Self-Management Education

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The **CPT** description for 98960-98962 is, "Education and training for patient self-management by a qualified non-physician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family), each 30 minutes."

- # of Medicaid clients per year X the number of 30 minute sessions X the rate (98960=\$20.52)
- # of Medicaid clients per year X the number of 30 minute sessions X the rate 2-4 pts (98961=\$10.12)
- # of Medicaid clients per year X the number of 30 minute sessions X the rate 5-8 pts (98962=\$6.45)
- 100 Medicaid clients X 8 sessions X 12 months (96 sessions) X \$20.52 =  
100 X 96 X \$20.52 = \$196,922.00

# Next Steps

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- ❑ 1. Working with Medicaid to change State Plan to include Community Health Workers (CHW) as a provider type
- ❑ Work with NSHE to create the training program at the University/Community College level
- ❑ Educate providers/Community to the role of the CHW
- ❑ Develop a pipeline of individuals who would be interested in becoming a CHW

# Contact

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