

**HEALI Meeting**  
**11/15/23**

**HEALI Update**

HEALI Collective Impact

- Social Care Network of 90 CBOs working in collaboration with 5 health systems, 2 FHQCs, 2 health homes, IPAs, MCOs, and other population health partners
- Technology assessment and platform selection
- Unite Us Long Island Network
- Community Health Worker Subcommittee
- Statewide partnerships and collaborations

Social Care Network Partners

- NYS SCN Coalition
- Public Health Solutions
- Healthy Alliance
- Staten Island PPS
- Unite Us

New 1115 Waiver: Long Island's Social Care Network will collectively:

- Screen Medicaid members for social care needs
- Refer to navigation and social care services using a shared technology platform
- Navigate to health-related social need services

Social Care Network (SCN) Lead NYS Waiver Expectations

- As HEALI's lead, Health and Welfare Council of Long Island will:
  - o Referral management
  - o CBO Capacity Building
  - o Data Collection
  - o Contracting
  - o Fiscal Administration

Importance of CHWs as Trusted Messengers in Clinical and Community Settings

- CHWs play a unique role in healthcare and social service delivery by engaging and working with patients and families to meet them where they are based on their needs, priorities, and preferences
- CHWs provide services in various roles and titles that make the role extremely versatile and an integral part of the overall healthcare system

HWCLI's CHW Landscape Assessment

- Key informant interviews with 8 Long Island Cos
- The interviews focused on four key areas:
  - o Hiring, recruitment and professional development process
  - o Funding streams
  - o Populations served by CHWs
  - o The vision and goals for the program

HWCLI's CHW Landscape Assessment Recommendations

- Establishing the CHW Workforce
  - o Elevate the lived experience of CHW workforce with training to meet the changing needs of communities and funding landscape
- CHW Recruitment
  - o Emphasis on the "soft" skills identified as important qualities to maintain CHW authenticity and integrate into various settings
- CHW Funding Streams

- Institute a "Blended & Braided" model with multiple funding sources for increased workforce sustainability for program and CHWs
- CHW Workforce Sustainability
  - Promote and implement a model that focuses on evidence-based practices for sustaining CHW workforce in the long term

#### HEALI CHW Subcommittee Next Steps

- 1115 Waiver
  - CHW Workforce Development Component, Social Care Network Screening and Referral
- SPA authorizing reimbursement for CHW services
  - Health advocacy, health education, health navigation
- New York Health Foundation Grant
  - Develop a CHW Employer Support Program for FQHCs, PCMH and Medicaid-serving primary care practices, and CBOs
  - CHW Integration and Sustainability Advocacy Agenda

### **New York State Department of Health**

**Trisha Schell-Guy, Jennifer Mane, Emily Engel**

#### **Community Health Worker Benefit**

##### CHW -Provider Definition

- A Community Health Worker (CHW) is a public health worker, not otherwise recognized as a licensed or certified provider type, that reflects the community served through lived experience that may include, but is not limited to: pregnancy and birth, housing status, mental health conditions or substance use, shared race, ethnicity, language, or community of residence. A CHW functions as a liaison between healthcare systems, social services, and community-based organizations in an effort to improve overall access to services/resources and encourage improved health outcomes of the population served.

##### Medicaid CHW Service Coverage

- Effective October 1, 2023, for New York State (NYS) Medicaid fee-for-service, and for NYS Medicaid Managed Care Plans, NYS Medicaid will reimburse Community Health Worker (CHW) services for pregnant and postpartum populations.
- NYS Medicaid members are eligible for CHW services during pregnancy and up to 12 months after the end of pregnancy, regardless of how the pregnancy ends.
- Covered CHW services include health advocacy, health education, and health navigation supports aimed at improving health outcomes, overall health literacy, and preventing the development of adverse health conditions, injury, illness, or the progression thereof.
- Individual or group based CHW services are defined as direct interaction with the eligible NYS Medicaid member or group of members.
- The service must be recommended by a physician or other health care practitioner.

Note: The service is covered but the intention is that the service is provided by someone that meets the criteria of CHW Provider definition.

##### CHW Billing Provider/Entity

- CHWs will practice under the supervision of a Medicaid-enrolled, licensed provider.
- The supervising licensed provider is the billing provider and must be enrolled as a Medicaid billable licensed provider (have a NPI).

- -or -
- A Medicaid-enrolled institution may bill for the CHW services.

\*CHWs will not be identified on the claim.

Note: Eligible Population is limited due to the state investment in the expansion of the state plan to include this service was an investment on the maternal health side. The current state budget FY 23-24 included another investment will expand the eligible population.

#### Medicaid Billing Guidance

- 30-minute units are billed and reimbursed at individual (\$35.00) or group (\$16.45 or \$12.25) rates; up to 12 units per member annually

#### 2024 Expansion of CHW Coverage

- An investment was included in the SFY 23-24 State Budget to expand Medicaid CHW service coverage beyond the maternal population to:
  - o Children under age 21 years
  - o Hospital Violence Prevention program
  - o Adults with identified social care needs
- Children under age 21 years will be included in the eligible population as of January 2024.

#### CHW Hospital Violence Intervention Services

- Will cover CHW services for NYS Medicaid fee-for-service (FFS) and Medicaid Managed Care (MMC) members that have been exposed to community violence or has a personal history of injury sustained as a result of an act of community violence; or is at elevated risk of violent injury or retaliation resulting from another act of community violence as determined by a certified or licensed healthcare or social service provider.
- Violence prevention services must be provided by a trained CHW who is supervised by a qualified NYS Medicaid enrolled provider.
- Implementation date of January 2024

#### NYHER 1115 Waiver

- Strengthen the Workforce
  - o Workforce Investment Organizations will manage training programs for incumbent workers and workers newly entering the workforce
  - o WIOs will partner with providers

#### Q&A:

Q: Has there been any thought to tracking of the uptake of the benefit and claims submissions to understand the extent to which providers are beginning to bill for these services and identify any pain points to be adjusted in the future?

A: We don't have any extensive evaluation plan due to lack of resources. We will look at the claims and encounter data in the one year look back after the benefit is introduced. We are interested in looking at geographic locations and provider types.

Q: Is it correct that FQHCs that bill PPS will not be able to bill for CHWs?

A: As of today, the reimbursement is included in the APGs payment. If you have opted out of the APGs, we are working on that and will have to submit a SPA to change that which we are working on that.

Q: Are there any changes with the waiver in terms of billing for CHW services?

A: The waiver won't trigger a change in the benefit. It is a separate benefit that will continue on a parallel track. The waiver does pay for things like case management using 1115 waiver funding. It's parallel but won't change anything for CHWs.

Q: Is there any feedback from medical providers for potential challenges for billing for this service? Some of the current models that support case management and there have been challenges with billing for transitions of care at the provider level.

A: We have not heard anything in relation to challenges for billing on the provider side.

Q: Will the SDOH screening by CHW require a recommendation by a physician?

A: The screening service covered by the waiver will not have a physician's order and will be for all Medicaid members.

Q: Will OMH mental health outpatient and rehab services be able to claim?

A: FQHCs can receive reimbursement through APG's, but those who have opted out of APG's can not. Article 31s and OMH clinics are not currently billing entities for this service.

We plan to expand to adults with social care needs and we plan to expand billing eligibility for provider types.

Q: Is the SPA submitted for the larger population?

A: We will not need to submit a SPA to include children under 21 and violence prevention population. We have to submit SPA for FHQC PPS rates and may or may not submit a SPA for additional adult populations. For those areas, no SPA has been submitted as of yet.

### **Staten Island Performing Provider System Joe Conte, Mary Han, and Connor Stapleton**

Our Goals: Achieve health equity and improve quality of care from birth to end-of-life, engage community members affected by lack of access to care and other disparities, improve education and workforce opportunities, provide innovative solutions to the health care delivery system, and address social determinants of health across the continuum.

Our Partners:

- 55+ partnering organizations
- 23 population health practices
- 12+ community-based organizations
- 4 higher education partners

Our Impact:

- 4 out of 10 Staten Island residents impacted by improved quality of care
- Hundreds of healthcare jobs created
- Front line contributor in the SI opioid response
- Over 50,000 people served by SDOH program
- Over 5,000 veterans served during COVID-19

Staten Island Performing Provider System Apprenticeship Program

- SI PPS has built sustainable workforce training programs that address demographic needs and unemployment for underserved populations that directly align with quality jobs with immediate hiring needs

#### SI PPS HRSA CHW Training Program

- 1. The first phase is the CHW core curriculum training held virtually 3 evenings per week for 6-9 weeks.
- 2. The second phase is the upskilling CHW training program for an additional 6 weeks with two evenings per week virtually on Zoom and one Saturday morning in-person.
- 3. The third phase is all in-person and is a 6-week on-the-job training program at sites such as hospitals, federally qualified health center and/or an ambulatory care center. \$600 stipend available for CHW.
- 4. Apprenticeship opportunities at partnering employer sites. \$4,000 stipend available for CHW apprentice.