

Community Health Worker Frequently Asked Questions

Q. What is a Community Health Worker?

A. Community Health Workers (CHWs) are trained health workers who come from the communities they serve which aids in building trust and vital relationships with the residents of the community. This peer-to-peer relationship enables the CHWs to be effective links between their own communities and systems of care. The goal of the CHW initiative is to significantly lower health disparities in South Carolina by providing access to services, improving the quality and cultural competence of care, creating an effective system of chronic disease management, and increasing the health knowledge and self-sufficiency for Medicaid recipients.

Q. What are the goals of the CHW initiative?

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1. To increase value of the partnership between the Medicaid patient and the physician/medical homes.
 2. To decrease emergency room visits and hospitalizations by improving utilization of the medical home.
 3. To improve Medicaid recipients' chronic disease management skills and engagement with primary health care.
 4. To reduce costs and improve health outcomes.

Q. What are the job duties of the CHW?

A. As members of care delivery teams, CHWs will assist individuals within their Medicaid patient community in managing their own health including promoting compliance with appointments, screenings, treatment and medications. A CHW will assist patients in navigating the health care system, improve patients' health knowledge and self-sufficiency by helping them understand their health condition(s) and develop strategies to improve their health and well being.

CHWs are particularly adept at promoting health and extending primary care compliance since they are a member of the community for which they serve and do in-home peer-to-peer education. CHWs will continue to schedule follow-up visits as recommended. CHWs will help the health care service systems become more culturally relevant and responsive to their service population. They will be required to help build understanding and social capital to support healthier behaviors and lifestyle choices among Medicaid recipients. It is important the CHW deliver health information using culturally appropriate terms and concepts.

CHWs will be required to report back to their clinical supervisors on encounters and the results of such encounters.

Q. How does the CHW differ from a case manager?

A. A CHW is a trained health worker who is a trusted member of the community and/or has an unusually close understanding of the community served. This enables the provision of information about health issues that affect the community and link individuals with the health services they need to achieve wellness. CHWs do community outreach by traveling to clients or meeting with clients often times outside of the clinical setting.

Q. What is the case load expectation for a CHW?

A. The case load will be dependent on the direction of the clinical practice and the CHW will be expected to work on a full time basis.

Q. What type of training does the CHW receive?

A. Midlands Technical College has developed a six week continuing education program for training CHWs that include a classroom and in office/community curriculum covering the South Carolina recognized core competencies such as working in the community, health coaching and basic medical knowledge. The curriculum will be a minimum 11 credit hours including actual practice experience and all CHWs will be expected to pass a competency test. “Grandfathering” credentialing through a competency exam may be available for existing CHWs who meet program requirements.

Q. Who is eligible for the CHW curriculum?

A. The interested party should be a member of the community to be served. They should be at least 18 years of age with a high school diploma/GED. All applicants must provide proof they are legally able to work in the United States and must pass a background check. Candidates must be interested in the health field and should be comfortable working with medical staff. Comprehension of confidentiality requirements is a key component. The CHW should be comfortable with home visits and demonstrate respect to others. All candidates must have basic computer skills, the ability to communicate clearly in both verbal and non-verbal form, and the ability to keep records on encounters to report to the clinical supervisor.

Q. Is the CHW certified?

A. CHWs will be certified through a six week training program and will be required to pass a competency exam at the conclusion of the curriculum period.

Q. Who pays for the CHW?

A. Selected primary care physician practices will be responsible for employing a CHW for their individual practices and will receive a \$6,000 grant from SCDHHS. Of this stipend an estimated \$3,000-3,500 will be allocated towards payment of the six-week curriculum. The suggested use of the remainder of the stipend will be to cover the costs for in-office administrative purposes necessary to integrate the CHW into the health care team.

Q. Can PCPs bill nationally recognized CPT codes to MCOs?

A. If the primary care practice chooses to contract with an MCO the practice will not receive the \$6,000 grant but will have the MCO employ and pay for the CHW’s education and training costs. The practice will bill the MCO the service encounters for reimbursement. The MCO will receive a quarterly supplemental incentive payment by providing appropriate documentation for utilization of the CHW. An MCO CHW must serve in the practices that are selected for the grant.

If the practice contracts with an MCO and the MCO contracts with a Community Based Organization (CBO) to place a CHW in a practice, the practice will not receive the \$6,000 grant; the MCO and CBO can determine how they will pay for the CHW’s education and training. The practice will bill the MCO the service encounters for reimbursement. The MCO will receive a quarterly supplemental incentive payment by providing appropriate documentation for utilization of the CHW.

Q. Will CHWs be employed by Medicaid?

A. No, the CHW will be hired by the primary care practice directly or the primary care practice has the option to contract with an MCO.

Q. What motivates a primary care physician to bill for services done by the CHW?

A. Documentation of the number of units and type of service provided verifies the work of the CHW. It benefits the provider to bill the CPT codes for service to Medicaid recipients in order to receive reimbursement or incentives.

If the MCO contracts with the primary care practice to employ a CHW, SCDHHS will provide a quarterly supplemental incentive payment to the MCO for properly using and proving through encounter data that the CHW is providing appropriate services and seeing Medicaid recipients only.

Q. Can a nurse practitioner bill for CHW services?

A. Yes, if the primary care practice hires the CHW, a clinician with a NPI number can bill the CPT codes for the services of a CHW.

Q. Who supervises the CHW?

A. The CHWs will be supervised by a clinical supervisor who has been designated by and resides at the primary care practice where the CHW is anchored.

Q. Who supervises CHWs if they are directly hired by the MCOs?

A. The clinical supervisor within one of the 20 selected primary care practices will supervise the CHW for the work they do in their practice. If the CHW is traveling between selected practices they will have multiple clinical supervisors.

Q. Who does the clinical supervisor report to?

A. A SCDHHS state coordinator will be in place for providing support and receiving the clinical supervisor reports pertaining to the work of the CHW. The coordinator will be available to assist practices in integrating CHWs into their health care teams.

Q. Can the clinical supervisors be located in a hospital as opposed to the practice?

A. No, the clinical supervisor should be anchored in a primary care practice in order for the CHW to become familiar with the Medicaid patient population for which the CHWs serve.

Q. Who will provide data and process reports to SCDHHS?

A. A clinical supervisor will be established in the practice who will report to a SCDHHS state coordinator who will be in communication with the practice. SCDHHS will expect a monthly report showing documentation of CHW encounters from the practice that will be delivered from the clinical supervisor to the coordinator, then from the coordinator to SCDHHS. This monthly documentation in accordance with CPT code encounters will be used as verification for reimbursement and incentive payments.

Q. What documentation is needed for the reporting?

A. The state coordinator will provide a reporting template to the clinical supervisor. SCDHHS will have basic requirements to track (documentation of date of service, start and end time of service, whether the service was group or individual and if group the number of patients present, summary of the session's content and CHW's signature and printed name) and the practice can track specific measures that are unique to the practice's needs. However, all services by the CHW should relate to improved health outcomes. The clinical supervisor will complete the report, give the report to the coordinator, who will then give it to SCDHHS.

Q. Do data on encounters count as documentation?

A. Yes, but it is only a part of the reporting requirements.

Q. Who is responsible for the liability of the CHW especially while traveling or going into homes?

A. Whatever entity is employing the CHW will be responsible for the CHW under standard employment law.

Q. What are the responsibilities and duties a CHW will perform in the patient homes?

A. CHWs will travel and meet with patients to encourage compliance with medical treatment plans and health care. CHWs will need to pass a SLED check before being allowed to practice. CHWs in their training learn about assessing situations and being safe during home visits. CHWs will not be expected to fulfill the duties of a licensed clinical supervisor or practitioner. As clinic employees they should be under the same protections as any clinic employee while traveling outside the clinic setting. MCO CHWs will have the same protections as any other employee operating off site.

Q. Who determines the CHWs type of compliance responsibility?

A. 90% of the job function is to improve compliance to all types of screenings, office visits and medication adherence. The practice can choose compliance measures specific to their practice or patients to indicate an improvement (i.e., blood pressure screenings, diabetes glucose injections). Each practice will determine what type of compliance goals they are looking for and DHHS will make available clinical peer-to-peer assistance.

Q. Out of the 20 selected practices can a CBO or MCO be selected as one of the participating entities?

A. No, only primary care practices can apply and will be chosen for selection. The primary care practice has the option to contract with a MCO to hire a CHW as part of the clinical care team; MCOs who have a PCP relationship can further contract directly with a CBO to use one of their CHWs in the primary care practice.

Q. Can a CHW in a primary care practice see all payer patients as long as they are only billing Medicaid for services provided to Medicaid recipients?

A. No, the CHW is only permitted to see Medicaid recipients.

Q. If an MCO employs a CHW can the CHW only work with recipients that are with that one particular MCO plan?

A. The CHW will only be able to see Medicaid recipients within the particular participating MCO in order for the MCO to receive the quarterly supplemental incentive payment.

Q. Can an underutilized CHW with a particular MCO serve multiple practices within the 20 practices selected?

A. Yes, if underutilized the CHW has the flexibility to move across practices within the participating 20 that serve Medicaid recipients within the particular MCO.

Q. Can an MCO employ two part-time CHWs?

A. If the MCO wants two part-time CHWs, they must contract to pay for two CHW part time salaries equivalent to one FTE and SCDHHS will pay the quarterly supplemental incentive payments as long as there is documentation to show only Medicaid recipients are being served.

Q. Is it acceptable for MCOs to come to a collective pooling agreement where they can agree to hire a CHW that sees all Medicaid recipients within the MCOs?

A. As this initiative is in the early stages, collective pooling will not be an option at this time.

Q. If the primary care practice contracts with an MCO will the PCP receive the stipend for training and administrative costs?

A. No, the stipend will not be granted to the practice. The MCO will pay for the training and education costs as well as employ the CHW and will receive a quarterly supplemental incentive payment for providing the proper documentation for utilization of the CHW through encounter data. The practice can bill the MCO the approved services of the CHW.

Q. Who pays for the CHW education if a practice contracts with an MCO or the MCO contracts with a CBO to place a CHW?

A. The MCO will be expected to pay for the training and education costs for the CHW to complete the curriculum; MCOs may work out these arrangements with their PCP/CBO partners.

Q. If “grandfathering” is approved by SCDHHS, what are qualifications for a CHW to be “grandfathered” into the program?

A. Requirements to meet the criteria for “grandfathering” are:

- Must be a member of the community to be served
- At least 18 years of age
- Have a high school graduate/GED
- Be legally available to work in the U.S.
- Pass a SLED background check
- Previous experience as a CHW
- Pass the CHW pass core competency test

Q. If existing CHWs wish to be “grandfathered” can they take some of the CHW curriculum courses to prepare for the competency test?

A. Yes, a CHW can take one or more of the courses for which they may need extra training in order to pass the competency exam. The class/es must be paid for either through the stipend or by the MCO.

Q. Will CHWs be trained in mental health and behavioral health?

A. Yes, the curriculum contains courses that cover mental health and behavioral health content.

Q. Will a study guide be available for those interested in taking the competency exam?

A. Yes, a study guide reflecting the course topics within the curriculum will be available to all CHWs before taking the competency exam.

Q. Is there ongoing training for CHWs? If so, who will pay for training?

A. It will be a learning experience for the CHW to be a part of the clinical care team and the clinical supervisor should teach and train the CHW in ways that fit the practice and fulfill responsibilities. Quarterly meetings with the state coordinator will also be opportunities for peer-to-peer exchange and learning. After the initial one year period of the grant, additional follow-up training will be the responsibility of the practice or MCO employing the CHW. For PCPs, stipends can be used for additional training if necessary.

Q. Where will the CHW training sites be located?

A. The educational training sites will be located statewide and will be announced on March 1, 2013.

Q. What are the salaries of CHWs?

A. The salary has not been set and is up to the hiring entity. Looking at other CHW programs, the salary is generally between \$30,000-35,000 (National and State Salaries for Community Health Workers, 2012).

Q. Can CBOs do their own CHW training?

A. For the purpose of the CHW initiative as supported by SCDHHS we ask that the CHWs complete the Midlands Technical College training and pass the competency exam, or are eligible to be “grandfathered” and able to pass the competency exam. At this time, training from other entities will not be accepted for new CHWs.

Q. Will Rural Health Clinics (RHC) be considered as a practice to participate in the CHW program?

A. Yes, RHC’s are qualified to participate and be reimbursed for CHW services to Medicaid recipients.

Q. Will Federally Qualified Health Centers (FQHC) be considered as a practice to participate in the CHW program?

A. No, FQHCs have an all-inclusive rate which precludes Medicaid reimbursement for CHW services to Medicaid recipients.

“FQHCS are required to provide case management services on site or through arrangements with other case management agencies. FQHCs are also required to provide outreach and translation enabling services”
- HRSA, 2006

Q. Will primary care practices that serve the geriatric population and children with disabilities receive preference when applying for the CHW program?

A. No, each application will have an equal opportunity for selection of the 20 participating practices.