

Community Health Worker Grant Program Update

Initial Report

Engrossed Substitute Senate Bill 5187; Section 211(44); Chapter 475; Laws of 2023

January 1, 2024

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Introduction

Community Health Workers (CHW) play a pivotal role in primary care, acting as a vital link between health care providers and the communities they serve. With a focus on holistic well-being, CHWs bridge the gap between medical interventions and the social determinants that shape health outcomes. Their role encompasses health education, advocacy, navigating complex health care systems, and addressing health-related social needs. By fostering trust, cultural competence, and personalized support, CHWs contribute to a patient-centered approach that extends beyond clinical treatments, ultimately promoting more comprehensive and equitable health care outcomes.

A hallmark of CHWs' contributions lies in their cultural congruence. CHWs possess an innate understanding of the diverse cultural backgrounds and linguistic nuances of the communities they serve. This cultural fluency allows them to communicate health information effectively, eliminating language barriers, and fostering trust. In an era where health disparities disproportionately affect marginalized populations, CHWs, due to their shared background, language, and experiences, can bridge the communication gap, ensuring all individuals, regardless of their background, receive equitable care.

However, it is important to recognize the potential caveat in the pursuit of complete cultural congruence. In some instances, achieving perfect alignment with a community's culture may prove challenging. Factors such as language barriers, diverse subcultures within a community, and the fluid nature of cultures can all pose obstacles to this goal. To address these challenges, we place great emphasis on cultural competency training and ongoing support (e.g. quality supervision) for our CHWs. This training equips them with the skills to navigate cultural differences sensitively, adapt to evolving cultural contexts, and demonstrate respect for diverse backgrounds. Cultural competency becomes the bridge when perfect congruence is not feasible. Our CHWs should also be encouraged to commit to ongoing learning about the communities they serve. This process of continuous education, adaptability, and relationship-building is fundamental to maintaining cultural competence.

Legislative Directive

In 2022, the Legislature directed the Health Care Authority (HCA) to create a grant to facilitate the integration of Community Health Workers (CHW) into pediatric primary care clinics. This grant allowed Washington to test the potential impact CHWs can have on bridging gaps between medical interventions and health-related social needs. This report describes the results of the following five legislative directives to the Health Care Authority during the 2023 fiscal year (FY23), from January 1, 2023, through January 1, 2024, and satisfies the legislative reporting requirements in Engrossed Substitute Senate Bill 5187; Section 211(44). Under legislative direction:

- Community Health Workers funded under this subsection may provide outreach, informal counseling, and social support for health-related social needs.
- The authority shall seek a state plan amendment or federal demonstration waiver should they determine these services are eligible for federal matching funds.
- Within the amounts provided within this subsection, the authority will provide an initial report to the governor and appropriate committees of the legislature by January 1, 2024, and a final report by January 1, 2025.
- The report shall include, but not be limited to, the quantitative impacts of the grant program, including how many Community Health Workers are participating in the grant program, how many clinics these CHW represent, how many clients are being served, and evaluation of any measurable health outcomes identified in the planning period prior to January 2023.
- In collaboration with key stakeholders, explore longer term, sustainable reimbursement options for the integration of CHWs in primary care to address the health-related social needs of families, including approaches to federal funding.

CHW Grant and Tribal CHW Program

In 2022, the Children and Youth Behavioral Health Workgroup's Behavioral Health Integration into Primary Care subgroup and the Washington Chapter of the American Academy of Pediatrics' (WCAAP) First Year Families steering committee provided legislative priority recommendations which included funding non-licensed professionals, such as health navigators or Community Health Workers (CHW), in primary care settings. The funding is currently being used to cover CHW full-time salary and benefits as well as the support and resources of 46 CHWs needed to fulfill these roles. At the start year 2023, a total of 43 Community Health Workers (CHW) were employed, with 33 serving non-tribal communities and 10 serving tribal communities were added in July. We expect to begin year two of the grant with a total of 46 community health workers. CHWs primary objective was to deliver three distinct services: informal counseling, social support, and outreach, all of which were geared towards assisting pediatric patients and their parents/caregivers. CHWs are divided into two distinct roles: Early Relational Health (ERH) CHWs, catering to children ages birth to five and their caregivers, and K12 Mental Health (K12) CHWs, responsible for children ages 5 to 18 and their families. Currently, there are 21 CHWs fulfilling the ERH role and 22 performing as K12 CHWs, extending their services across six regions and seven tribes. The CHWs are housed in pediatric primary care clinics in the regions of Greater Columbia, Great Rivers, King, Pierce, North Central, North Sound, and Thurston-Mason. Two CHWs are serving the entire age range, birth to 18, as this flexibility was offered to our tribal clinics.

In addition to establishing a 2-year grant program, ESSB 5693 (2022), Sec. 211(103) directed HCA to determine whether grant activities were eligible for federal match funding. HCA was able to confirm eligibility for federal match funds amounting to approximately 2 million dollars over the 2-year timeframe (\$500,000 FY23; \$1,000,000 FY24; \$500,000 FY25). During the Request for Application (RFA) process utilized to award the CHW grant, HCA identified limited applications from Tribes. In response, HCA partnered with Tribes and urban Indian organizations (UIO) hosting a listening session, and using a Request for Inquiry (RFI) in alignment with government-to-government relations processes to explore interest in a parallel Tribal CHW Program using the federal match funds. A Dear Tribal Leader letter was sent out outlining the changes requested on behalf of the tribal communities, setting the foundation for the Tribal CHW program ([Appendix A](#)). The Tribal CHW Program aligns with the identified services and populations of the CHW grant while allowing for Community Health Representatives (CHR) within Tribal health settings. HCA is pleased to announce this grant will include tribal representation with clinics from Makah, Tulalip, Port Gamble S'Klallam, Colville, Yakama, Lummi, and Quileute tribes.

Role of Community Health Workers

Outreach

One of the major responsibilities of the CHWs under the grant is to provide outreach within their communities. Conducting or participating in community outreach allows CHWs to connect and foster relationships with the families served, identify children, youth, and their families that may need CHW services, and build a network to strengthen and streamline referrals for families. Many of our CHWs have organized or attended health fairs to provide health information and resources. However, the role of CHWs extends well beyond distributing health information. Community Health Workers actively engaged in cross-sector collaboration endeavors to increase awareness and address critical issues within their

communities. These collaborations include physical health care, mental/behavioral health, education, and social service systems.

Informal counseling

At the core of their role, the CHWs serving under this grant are educators and advocates, teaching and disseminating essential health information and facilitating informed decision-making. CHWs provide support to families in understanding the complexities of medical information ensuring that patients comprehend treatment plans, medications, and preventive measures. ERH CHWs undertake the vital responsibility of promoting healthy developmental milestones. This encompasses activities such as guiding families through medical processes, translating health recommendations and diagnoses, as well as educating families on the importance of early childhood vaccines and screenings. The K12 CHWs deliver foundational mental health education, offering brief coaching and skill-building sessions. CHWs in Northsound, Great Rivers, and King are providing education around COVID-19 .

Social Support

Moreover, CHWs play an integral role in providing care coordination and support for health-related social needs. They aid individuals in obtaining insurance coverage, affordable medications, and support services for needs such as housing, food, and employment. CHWs assist patients in securing stable housing by facilitating connections with housing agencies, helping them understand eligibility criteria, and providing guidance through the application process. Similarly, CHWs are linking patients with food assistance programs, ensuring access to nutritious meals by providing information about food banks, government assistance programs, and community resources. CHWs in Thurston, Mason, King, Skagit, and Pierce county are connecting families to Early Supports for Infants and Toddlers (ESIT), Wrap-around with intensive services (WISe), and other programs designed to support individuals with disabilities (i.e., Special Education, Developmental Disabilities Administration, and Social Security Income), particularly in educational and developmental settings.

Transportation can be a significant barrier to accessing health care, especially for those in underserved areas. CHWs address this challenge by aiding patients in identifying transportation options, such as public transit, ride-sharing services, or community transportation initiatives that provide resources like gas vouchers. Furthermore, CHWs are instrumental in connecting patients to employment opportunities, which can have a profound impact on patients’ economic stability and overall health. They may collaborate with local job training programs, offer assistance with resumes, and provide guidance on accessing job search platforms.

Table 1.1 Number of services provided by type in Q1, January 2023–April 2023

Service Type	ERH	K12	Grand Total
Social support	844	936	1,780
Informal Counseling	158	407	565
Outreach	575	404	979
Others	178	99	277
	1,755	1,846	3,601

Source: Health Care Authority, Enterprise Analytics Research and Reporting, Oct 2023.

Table 1.2 Number of services provided by type in Q2, April 2023–July 2023

Service Type	ERH	K12	Grand Total
Social support	1,207	1,418	2,625
Informal Counseling	213	557	770
Outreach	695	527	1,222
Others	285	145	430
	2,400	2,647	5,047

Source: Health Care Authority, Enterprise Analytics Research and Reporting, Oct 2023.

Program Implementation & Quality Improvement

HCA Technical Assistance

Prior to the CHW grant starting, HCA sought input from CHWs around key considerations and strategies to support the success of the CHW grant. A recommended strategy that CHWs elevated as an essential factor to success is the role of a program manager to offer technical assistance and support to CHWs and the clinics they would be working within.

HCA's Community Health Integration Program Manager is responsible for both the contract management and technical support to ensure successful integration of CHWs within pediatric primary care. This role provides both individual and cohort opportunities to provide project updates and education, explore successes and challenges, and encourage the opportunity for peer-to-peer support. Additionally, bi-annual site visits provide clinics with a personalized approach for receiving technical assistance to assess clinics' progress with integrating CHWs into their workflows. This support for CHW integration included identifying successes and challenges, monitoring clinic progress with adopting the Culturally and Linguistically Appropriate Services (CLAS) standards, and tailored resources. Finally, the program manager provides learning opportunities to ensure CHWs were equipped with the skills, knowledge, and resources needed to perform their role through monthly CHW team huddles. Each meeting is focused on different child health initiatives, programs, and services available throughout the community for the pediatric population and their families. Each call consists of a speaker from respective organizations to provide education and resources to CHWs, strengthening the coordination of care for families in need of support for mental, behavioral, and health-related social needs. The huddles serve as an additional function for networking and resource sharing. Community Health Workers also are encouraged and supported in providing peer to peer support.

In July 2023, the program manager took the initiative to conduct the first bi-annual site visit, a pivotal step in HCA's ongoing commitment to ensure the success of the CHW grant. During these visits, the program manager engaged with clinics to assess the progress of CHW integration into their care teams and gather valuable insights to inform our continuous quality improvement efforts. The primary areas of focus during these visits were CHW role clarity, enhancing the connections between CHWs and families, identifying program successes, and addressing additional support needs. These encompassed various domains, including administrative aspects (e.g., referral workflow), implementation progress, data reporting, and

technical assistance. Training needs were also explored to further strengthen our CHWs' capabilities and optimize their impact on pediatric patient care. These site visits play a crucial role in refining our program and ensuring it aligns with our mission of providing comprehensive and high-quality healthcare services to our patient community.

Strengths and Successes

The Community Health Workers have achieved great success in their ability to reach families and aid in coordinating care, navigating complex healthcare systems, and offering education and support to families to help manage health challenges. With a total of 3,124 served in quarter 1 and 5,407 in quarter 2, CHWs have improved patient resilience and retention rates, patient/family engagement, and care coordination.

Patient retention & resilience

The care teams shared with HCA a number of successes they have had since the integration of CHWs in February 2023. CHWs have been credited with improving patients' knowledge of diagnoses and medical processes, providers understanding of different patient needs and the importance of culturally-tailored care, the workload of the team, and the retention rate of patients returning for continuing services. Families have expressed the comfort in having a member of the team there to advocate on their behalf.

Patient/Family engagement

During the conversations with CHW supervisors, grant managers, and other members of the care team, clinics expressed that they felt that their Community Health Worker(s) have achieved significant success in enhancing patient engagement through their active involvement in outreach efforts. Staying true to the Mantra of "meeting families where they are", CHWs have cohosted a number of events in their efforts to spotlight the services of CHWs, identify patients in need of the clinics support, as well as provide health education and resources. By proactively reaching out to community members, CHWs have demonstrated their ability to bridge gaps between health care services and underserved populations. Through one-on-one conversations, community events, and informational sessions, CHWs effectively communicate the value of regular health care visits, preventive screenings, and early intervention. This personalized approach, combined with their cultural competence and understanding of community dynamics, helps to build trust and rapport with individuals who might otherwise be hesitant to seek medical care.

Care Coordination

Clinics also shared that CHWs enhance care coordination by facilitating seamless transitions, preventing duplication of services, involving family and caregivers, enabling health information exchange, contributing to quality improvement, advocating for patients, and promoting holistic care. CHWs assist patients in transitioning between different levels of care, such as from hospital to home or from one health care provider to another. This ensures there are no gaps in care and patients receive continuous support. Many K12 CHWs are assisting adolescent patients with transitioning to adult care. Adolescents with chronic conditions or special health care needs often face unique challenges during this transition phase. CHWs provide personalized support by helping these young individuals navigate the complexities of adult health care systems. They engage adolescents in discussions about their health care choices, empower them to take ownership of their health, and educate them on managing their conditions independently. CHWs also bridge communication gaps between pediatric and adult health care providers, ensuring the seamless transfer of medical records and care plans.

Challenges and Barriers

Since implementation, HCA has been working with the clinics to identify challenges and work collaboratively to address them, through all clinic calls, site visits, and individualized TA when requested. Community Health Workers and their care teams have shared a few interrelated challenges centered around role clarity, family engagement, and outreach.

Role Clarity

A notable challenge that has come to light involves the overlapping nature of CHW roles with other comparable positions, resulting in difficulties explaining their distinct responsibilities both to their care teams and the beneficiaries they serve. This lack of clarity has impacted the uptake of CHW services, as care teams grapple with understanding their roles and the substantial value they bring. Inadequate role clarity over time holds the potential to impact for CHW job satisfaction and retention. When individuals are uncertain about their roles and responsibilities, they may experience stress and burnout, ultimately leading to high turnover rates. This turnover not only disrupts continuity of care but also incurs recruitment and training costs for health care organizations. Healthcare systems must prioritize role clarity for CHWs in primary care spaces through defining the scope of practice and services, implementing standardized training, clarifying supervision and oversight, fostering collaboration with healthcare providers, and specifying roles in clinic care teams. These are essential components to ensure establishing a framework that supports CHWs in providing effective care while aligning with the Medicaid reimbursement model's objectives.

In primary care settings, improving role clarity around CHWs is essential for maximizing their impact. One way to achieve this is by developing and implementing clear job descriptions and standardized training programs for CHWs. Job descriptions and trainings developed by the clinical team must ensure clarity around CHW roles, responsibilities, and scope of practice to demonstrate how the CHW work aligns with the needs of the team. Regular team meetings and communication channels can also be established to ensure that CHWs and other healthcare providers have a shared understanding of each other's roles and how they can collaborate effectively. Additionally, feedback mechanisms and performance evaluations can help CHWs understand their performance expectations and areas for improvement. This concerted effort to enhance role clarity not only optimizes CHWs' contributions to patient care but also fosters a cohesive and collaborative healthcare team within the primary care setting.

Family engagement

Another key issue lies in the difficulty of reaching and involving families in the care process, particularly in underserved or marginalized communities. When families are not engaged, critical health information may not be communicated, leading to missed opportunities for preventive care or early intervention. Initially, the engagement with families was low, resulting in suboptimal participation due to families lack of familiarity with CHWs and their concerns about potential, unintended consequences often experienced when seeking health care with health-related social needs. Concerns, such as potential negative consequences from employers, landlords, and other entities, legal repercussions or jeopardizing immigration status, may discourage families from seeking help.

To address this issue, CHWs are putting their efforts towards broadening their outreach and meeting families where they are. They have also taken part in numerous trainings and education sessions on

subjects like motivational interviewing, role clarity, and the basics of family engagement. Clinics play a vital role in improving family engagement with CHWs while addressing concerns about potential negative consequences. Firstly, clinics can establish a supportive and welcoming environment, where families feel safe and encouraged to seek assistance from CHWs. Open communication channels should be promoted, allowing families to voice concerns and ask questions without fear of repercussions. Furthermore, clear and transparent policies regarding privacy and confidentiality must be in place to safeguard sensitive information shared with CHWs. It is also essential to educate families about their rights and the protection measures in place to ensure their safety. Clinics can actively involve CHWs in community outreach and education, emphasizing the positive impact of CHW support on overall well-being, which can help emphasize the value of engaging with CHWs. By fostering trust, providing assurance, and empowering families with information, clinics can create an environment where family engagement with CHWs is enhanced, and fears of negative consequences are effectively alleviated.

Outreach

Outreach is a pivotal component of the role of Community Health Workers in primary care spaces, but it comes with its own set of challenges. Firstly, there is the issue of identifying and how to reach underserved and vulnerable populations. These individuals may be scattered across diverse geographic areas or may not have a strong presence in formal health care systems, making it difficult to locate and engage them effectively. Another challenge is building trust within these communities. Trust is a cornerstone of successful outreach efforts, but it often takes time to establish, especially when CHWs are not a cultural match for the population they are serving. Overcoming cultural, linguistic, and socio-economic barriers requires skill and sensitivity to foster trust and rapport with community members. Furthermore, clinical teams have experienced shifting priorities and limited resources as they work to meet the in-clinic patient needs, resulting in CHWs having limited capacity to conduct outreach, and spending the majority of their time within the clinic. This has made it challenging for CHWs to secure ongoing support and buy-in for the outreach efforts, limiting their ability to build connections with the community.

To address the challenge of limited time for CHWs' outreach, clinics can implement a set of strategies. Initially, they can simplify administrative tasks and minimize paperwork to create more time for CHWs to connect with the community. Furthermore, clinics should ensure that CHWs receive comprehensive training and access to essential resources, enabling them to maximize their outreach efforts. Establishing collaborative partnerships with local organizations and making effective use of technology for data management and communication can further elevate CHWs' productivity. Regular team meetings to discuss challenges and share best practices are integral to enhancing time management and the overall effectiveness of community outreach.

Exploring Sustainable Reimbursement

In Washington State, Apple Health (Medicaid) currently covers CHW services through Federally Qualified Health Care Centers (FQHC), Managed Care Organizations (MCO), and the First Steps Maternity Support Services (MSS).

- **FQHC:** Per state and federal rules, Federally Qualified Health Centers (FQHC) receive cost-based reimbursement for Medicaid services in return for serving specific areas and/or populations. FQHCs receive a cost-based reimbursement, also known as an encounter rate, for FQHC eligible services (i.e., services provided by a physician, dentist, or psychologist). Though services provided by CHWs (including Peer Navigators and Care Coordinators) are not encounter eligible, FQHCs do report all services, supplies, incidentals, staff salaries etc., in their Medicaid cost report to calculate their cost-based encounter rate. Therefore, costs for CHWs are incorporated in the FQHC's Medicaid cost report and encounter rate.
- **Managed Care:** Managed care plans have the flexibility to offer CHW services to clients such as care management or care coordination. CHW services can either be directly administered by the MCO or subcontracted, and expenditures are currently considered to be administrative expenses under rate setting.
- **MSS:** CHWs have been an allowable and reimbursable provider type through the First Steps Maternity Support Services (MSS) program since 1990. The MSS program is a voluntary program available to any pregnant and up to 60-day postpartum Apple Health (Medicaid) client.

The [Medicaid Transformation Project \(MTP\) Waiver](#) is another avenue for Medicaid financing for CHWs. The current MTP waiver includes a goal to accelerate care delivery and payment innovation on health-related social needs and community-based coordination. A primary strategy for supporting this goal is through partnership with the nine Accountable Communities of Health (ACH) to fund existing or creating new CHW roles within community-based organizations. Throughout the waiver, HCA plans to evaluate payment recommendations for new, non-traditional Medicaid services and community-based coordination, including reimbursement options for CHWs who are not currently part of the Medicaid system.

In March 2023, HCA published [Community Health Worker State Interview Findings](#) summarizing the findings from interviews with representatives from seven other states. These interviews were used to gather approaches and lessons learned regarding Medicaid reimbursement for CHW services by including these services within the Medicaid State Plan. Based on the approaches identified, HCA hosted a [CHW Medicaid reimbursement](#) webinar where HCA shared four different approaches to adding CHW services to the Medicaid State Plan. Additionally, HCA in partnership with the Washington Chapter of the American Academy of Pediatrics (WCAAP) conducted a community survey to gather input from stakeholders. In April 2023, HCA hosted another [webinar](#) to share feedback received and a proposed approach to CHW services through a State Plan Amendment which is further described in the following section

HCA's proposed approach for inclusion of CHWs through the Medicaid State Plan

Feedback received during HCA's webinars and community survey showed a preference for CHW services incorporated into Section 4c. Preventive Services of the [Washington Medicaid State Plan](#). Services within

this section must meet the following: Prevent disease, disability, and other health conditions or their progression; prolong life; promote physical and mental health and efficiency. This approach offers less administrative burden on the CHWs such as registering as a Medicaid provider, negotiating contracts with MCOs, and submitting the claims for CHW services which would be the responsibility of the supervising licensed practitioner. Further, this option also does not require the development of a CHW state credential and encourages additional support and collaboration through embedding CHWs within care teams already serving Apple Health clients.

To gather feedback from impacted parties, HCA partnered with the CHW leadership committee, in partnership with the Department of Health (DOH). Collaboration with this team was to understand their perspectives on the Medicaid reimbursement approach as well as explore potential additional resources that may be needed were Medicaid reimbursement to be implemented. HCA acknowledges there are limitations to this Medicaid State Plan approach, since there are some components that fall outside the scope of Medicaid CHW reimbursement, such as:

- Other comparable, community tailored roles (peers & doulas)
- Payors and insurers outside of Apple Health
- Other community settings and social service agencies where CHWs may be employed.

These limitations posed a great concern for the leadership committee who cited the inequalities that a State Plan Amendment could potentially create for CHWs outside of traditional Medicaid systems and settings. The leadership committee provided HCA with a letter describing their concerns ([Appendix B](#)).

Communication and Collaboration with Tribes

In alignment with Federal-Tribal relations and the Centennial Accord, HCA engaged with Tribes through the HCA-DOH Monthly Tribal Meetings sharing potential models for CHW reimbursement and HCA's proposed approach. Given the likelihood that implementation of a reimbursement model would likely have a direct impact on Indian health care providers and American Indians/Alaskan Natives enrolled in Apple Health, HCA intends to continue to collaborate with Tribes through government-to-government consultation on any future State Plan amendments and reimbursement policies for CHWs.

Resources Needed for Implementation of Reimbursement Model

HCA's proposed approach would provide a mechanism for reimbursement of CHW services at the completion of the CHW grant and Tribal CHW program, though notably Medicaid reimbursement is only one of the potential funding mechanisms when considering sustainable financing of CHWs across sectors¹. This approach would require state funding for the initial costs to develop the benefit, cover reimbursement, and provide program support through continuing the Community Health Integration Program Manager position. Implementation would require a state plan amendment (SPA) dependent on the approval of the Centers for Medicare and Medicaid Services (CMS), appropriating state funding, HCA

¹ Sweta Haldar and Elizabeth Hinton; Published: Jan 23, 2023. "State Policies for Expanding Medicaid Coverage of Community Health Worker (CHW) Services." KFF, www.kff.org/medicaid/issue-brief/state-policies-for-expanding-medicare-coverage-of-community-health-worker-chw-services/. Accessed Oct. 2023.

rulemaking, development of service rates and billing guidance, updates to provider enrollment and Medicaid billing systems, and technical support.

CHW Grant Evaluation

The Health Care Authority has enlisted the support of both internal and external partners to conduct an evaluation of the CHW grant. As directed by legislation, HCA will explore both the health outcomes and patient/family experiences of those receiving CHW support. A mixed method approach is underway with qualitative evaluators looking to understand the attitudes and experiences of families with Apple Health with a focus on:

- What benefits did they experience working with the CHW?
- What services received were the most helpful?
- Were their needs met? Are there any gaps that CHW could fill?
- Were services culturally appropriate and responsive to their needs?
- Were they able to access mental health, or other services/treatments recommended by the CHW, in a timely fashion?

To capture the impactful narrative of Community Health Workers on patient and family outcomes, the Clinical Quality and Care Transformation (CQCT) team will collaborate closely with the agency's data experts for a quantitative evaluation facilitated through claim analysis. Any additional data required for this analysis is captured within the CHWs' client reports.

Conclusion

The first year of our 2-year pilot CHW grant represents a crucial milestone in our ongoing efforts to enhance community healthcare. As we acknowledge several achievements, including reinforced community connections and improved patient support, we have also garnered valuable insights from the challenges faced. As we look ahead to the final year of the grant, we do so with great optimism for the things we will learn from the CHWs and clinics through the initiation of a comprehensive mixed-methods evaluation. Moreover, we are unwavering in our commitment to addressing shared barriers related to patient engagement, outreach, and role clarity, ensuring that our program remains steadfastly patient-centered while continuing to meet the healthcare needs of our pediatric patients and their families.

With the completion of the legislative directives, HCA looks forward to further input from the community and policy direction from the legislature to guide future CHW work. Securing long-term, sustainable funding will be a significant hurdle. Given the funding, authority, and timeline necessary to implement new Medicaid benefits, even with direction to implement a CHW Medicaid reimbursement, HCA acknowledges that a Medicaid financing option would not be established by the end of the current CHW grant (January 1, 2025). This could cause a lapse in the momentum of CHW integration into pediatric primary care. Without additional program investment, clinics may not be able to sustain these roles while future reimbursement paths are developed. HCA is committed to working with all partners and decision makers to buffer the fledgling CHW system against the possible negative consequences of a time-limited gap in project investment.

Appendix A: Dear Tribal Leader Letter

February 7, 2023

Dear Tribal Leader:

SUBJECT: Tribal Community Health Worker Program - Grant Opportunity

In accordance with chapter 43.376 RCW and the Washington State Centennial Accord of 1989, regarding collaboration with Indian tribes in the development of policies, agreements, and program implementation that directly affect Indian tribes and the Tribal Consultation and Communication Policy of the Health Care Authority (HCA), the HCA hereby invites your participation in the following matter.

Purpose

In March 2022, ESSB 5693, Sec. 211 (103) appropriated 2 million in state dollars to HCA to administer a 2-year community health worker (CHW) grant in primary care settings serving children birth through 18 years. HCA anticipates an additional 6 million state dollars will be appropriated during this legislative session to support the work through December 2024.

Additionally, HCA was directed to determine whether the grant activities are eligible for federal match funding. HCA has confirmed eligibility for federal match funding with an anticipated additional 2 million in drawing federal match dollars over the 2-year timeframe (\$500,000 in FY 2023; \$1,000,000 in FY 2024; \$500,000 in FY 2025).

Currently, HCA is contracting with 24 clinics funding for 37 CHW positions within pediatric primary care organizations to provide outreach, informal counseling, and social supports for health-related social needs, funded through a request for application (RFA) process.

Further, HCA intends to work with the University of Washington Value and Systems Science Lab (VSSL) to conduct an evaluation of the project to support required legislative reports and inform future sustainable reimbursement options for CHW services and integrated models of care.

Utilizing the additional federal match funds, HCA would like to partner with Tribes and urban Indian organizations (UIO) to support a CHW or Community Health Representative (CHR) position within their primary care settings.

Request for Inquiry

Tribes and UIO interested in participating in the Tribal Community Health Worker Program grant opportunity may submit a plan including the following:

- Proposed revisions to the Statement of Work (attached)
- Confirmation of request for 1 or 2 roles
- If requesting additional funding, please provide a request for additional funding indicating how much is being requested and what the funding will be used for
- Indication of preference for participating in the reporting and evaluation component of this project. Options include:
 - Please indicate any preferences for participating in the reporting components of this project.

- Working with the University of Washington Value and Systems Science Lab
- (VSSL) on the evaluation
- If prefer a different entity for evaluation, please include who you would prefer to partner with in your plan.

If your Tribe, UIO, or IHCP is interested in participating in this project, please email Christine Cole and your Regional Tribal Liaison at your earliest convenience.

Please submit your plan for participating in the Tribal Community Health Worker program to Christine Cole and your Regional Tribal Liaison no later than March 31, 2023.

Appendix B: Letter to HCA from the Community Health Worker Leadership Committee

September 15, 2023

To: Nikki Banks, Christine Cole, and Chase Napier
Health Care Authority

Thank you for the invitation to provide feedback from the Community Health Worker Leadership Committee on Washington State Health Care Authority's decision package regarding the compensation of community health workers.

The CHW Leadership Committee (<https://waportal.org/partners/home/community-health-worker-leadership-committee>) is centered around the voices of a diverse group of community health workers working statewide to improve health in a wide variety of settings. The group also includes key partners such as employers and associations serving CHWs. It is staffed by the WA Department of Health and facilitated by the Public Health Centers for Excellence.

The CHW Leadership Committee supports HCA's proposed State Plan amendment. The group is concerned that the State Plan amendment limits reimbursement to CHWs in a supervisory relationship with a licensed healthcare professional. While this approach uses the current structure, we are concerned it will not benefit many CHWs statewide. Perpetuating a system in which only some CHWs are compensated falls short.

We appreciate HCA's ongoing participation in the group and its presentations on the State Plan and Medicaid Transformation Project Waiver. Medicaid reimbursement is complex. Many CHWs, including Committee members, still don't fully understand the proposed policy, systems, and environmental changes that directly affect them. Members shared that they would have liked to have been more deeply involved in HCA's development of the State Plan to help deepen communication, identify potential solutions, and mitigate negative impacts on their peers and the communities they serve.

The CHW Leadership Committee supports HCA's Medicaid Transformation Project Waiver goal to broaden reimbursement. CHWs feel the need for new reimbursement pathways urgently. Several Committee members shared their stories and impacts with HCA at our recent meeting not to blame or shame, but to illustrate how the current system affects them, their families, and their communities.

"Nothing about us without us." Moving forward, the CHW Leadership Committee welcomes the opportunity to work more collaboratively with HCA staff and leaders to develop and refine policies affecting CHWs and key partners in this work. We look forward to reading your report to the Legislature and next steps together.

In community,

Community Health Worker Leadership Committee

Mario Bañuelos, Deborah Drake, Mark Gaither, Rachael Gathoni, Graciela Jimenez, Silvia Kennedy, Co-Director of Latinos Promoting Good Health, Sarah Orgeles, Carmen Pacheco Jones, Executive Director Health and Justice Recovery Alliance, Joaquin Vidrio-Ruiz, Kim Wilson

Appendix C: Community and Partner Engagement

Grant Development Process

The planning and implementation of the first year of the CHW grant has benefitted from the opportunity to engage with community and partners to inform approaches and offer valuable perspectives. HCA would like to thank our partners for supporting this effort by giving their time and sharing their expertise with our team. We would like to thank:

- American Indian Health Commission for Washington State
- Community Health Worker Coalition for Migrants and Refugees
- Community Health Worker Leadership Committee
- Northwest Regional Primary Care Association
- Washington Chapter of the American Academy of Pediatrics
- Washington State Department of Health

HCA would like to express further gratitude for the Community Health Worker Leadership Committee's participation in the grant evaluation process. We appreciate the partnership and willingness to inform this work from your lived experience as Community Health Workers.

Exploring Sustainable Reimbursement

In alignment with the legislative directive, HCA hosted a series of presentations, and met with Community Health Workers (CHW) to gather perspectives on Medicaid State Plan approaches for reimbursing CHW services. In partnership with WC AAP, HCA also gathered feedback through a survey. Below lists the different groups and forums where HCA presented initial findings, gathered feedback to inform next steps, and shared HCA's recommendations for implementation.

- Community Health Worker Leadership Committee
- HCA / DOH Monthly Tribal Meeting
- Behavioral Health Integration and Prenatal to Five Relational Health Subgroups of the Children and Youth Behavioral Health Workgroup
- Monthly HCA / MCO Medical Directors Meeting
- Washington Association for Community Health
- Washington Chapter of the American Academy of Pediatrics' First Year Families Committee
- Accountable Communities for Health
- Community presentations – open to the public

HCA has also made these materials publicly available through the [HCA's CHW grant webpage](#).

Appendix D: Partnerships Shaping the CHW Workforce

In our efforts to strengthen and sustain the skills of CHWs, we leveraged the support of external support to aid in providing ongoing standardized training and technical assistance to CHWs and their clinical teams.

Washington Chapter of American Pediatrics

With funding from the Washington State Department of Health (DOH), the Washington Chapter of the American Academy of Pediatrics (WCAAP) is leading a voluntary Pediatric CHW Learning Collaborative that aims to support clinics in addressing the challenges that have arisen related to CHW role clarity and to foster multidisciplinary teams of providers and CHWs sharing care. The Learning Collaborative was available to all clinics receiving the HCA CHW grant and 11 clinics opted to participate. Based on input from CHWs, clinics, and community and faculty partners, the Learning Collaborative will run from September 2023 through May 2024 and will support clinics in enhancing CHW role clarity, promoting team-based care, ensuring CHWs are elevated on their care teams, and promoting sustainability for CHWs. Participating clinics will receive technical assistance and coaching to implement strategies that can improve CHW role clarity and team integration, regular data about their site's progress, and a peer learning space where clinics can address challenges and share resources and lessons learned.

WA State Department of Health (DOH)

The WA State Department of Health offer a [10 week core competency training program](#) at no cost for community health workers. The modules cover a range of topics like chronic disease, maternal and child health, Healthy aging and many other topics. The training is designed to align with the core competencies identified by the [CHW Core Consensus Project \(C3 Project\)](#) which outlines the important of cohesion and consistency encouraging states to focus on subjects like cultural awareness, communication, and outreach. DOH is currently working with the WA Chapter to pilot pediatric focused modules for community health workers. These modules will include topics on foundational skills like cultural awareness, family centered care, and community outreach engagement. There will also be more specific training for specific age groups with topics like early childhood development for children birth to five and children and youth mental and behavioral health for those 5 to 18.