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CONNECTICUT  
HEALTHCARE  
INNOVATION PLAN



Community Health Worker  
Advisory Committee  
*Design Group 2-CHW Certification  
Methods and Administration*

**June 4, 2018**

# Agenda

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| 1. Introductions  | 5 min  |
| 2. Design Group 2 Key Decision Points Review & Timeline | 5 min  |
| 3. Review- Decisions Made to Date                       | 5 min  |
| 4. May 15 Follow-Up Items                               | 25 min |
| a. Minimum Age for Eligibility                          |        |
| b. Roles of the Advisory Body                           |        |
| c. Advisory Body Size                                   |        |
| 5. Discussion: Registry Requirements                    | 15 min |
| 6. Discussion: Certifying Entity & Fiscal Implications  | 55 min |
| 7. Review & Next Steps                                  | 10 min |

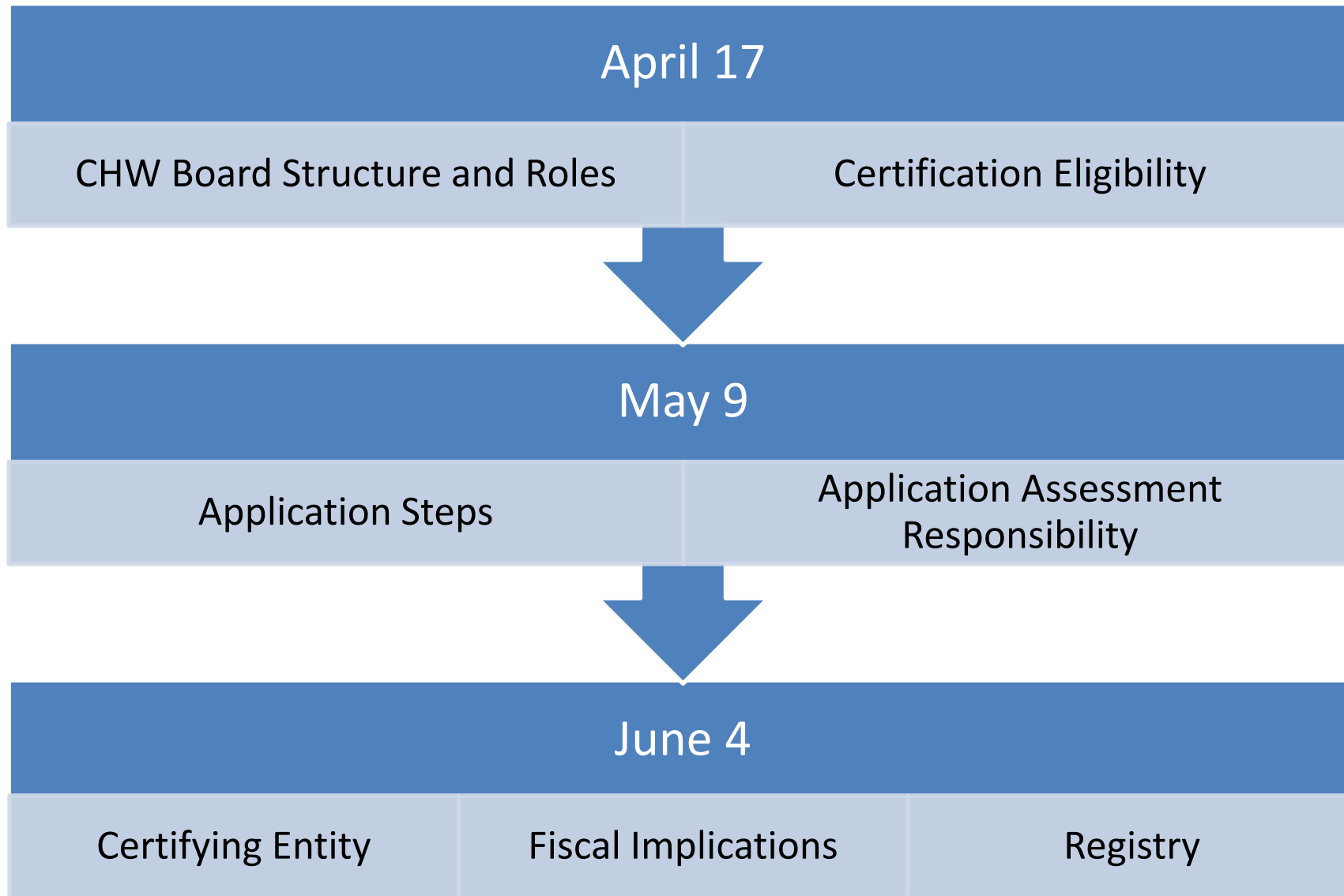
# Design Group 2 Key Decision Points and Timeline

# Review: Group 2 Decision Points

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1. Determine a Certifying Entity
2. Designate CHW Board Structure and Roles
3. Establish Certification Eligibility
4. Establish Application Steps
5. Determine who is responsible for assessing applications
6. Determine Registry Process
7. Assess Fiscal Implications

# Timeline: Group 2 Decision Points



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# Review: Decisions to date

# Design Group 2 Recommendations- Advisory Body

## Advisory Body

- The **Certifying Entity** should be responsible for the administrative tasks related to certification including reviewing applications, verifying that requirements have been met, and issuing certificates.
- A **separate Advisory Body** should be established to inform the full development of Certification Standards. The Advisory Body would have a more prominent role in the initial development of the Certification Program, and would meet semi-regularly thereafter to assess the need to adjust the Certification Standards and to weigh in on critical questions as identified by the Certifying Entity.

## Design Group 2 Recommendations- Advisory Body

- The Advisory Body should include: 1 representative each from **DPH, DSS, and DMHAS; 6 CHWS; 1 CHW Association of CT representative; 1 community-based CHW training organization representative; 1 Community College representative; 1 Commercial Payer; 1 CHW employer; 1 Health Care Provider** with direct CHW experience; **1 health educator**
- The Advisory Body representatives should be selected through a **neutral appointment process**, such as the process used to select SIM advisory committee members
- The **CHW Association of CT** should serve as the administrative lead for the Advisory Body, including such activities as scheduling meetings and coordinating recommendations



# Design Group 2 Recommendations- Certification Eligibility

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## Certification Eligibility

- There should be **no minimum education level** required for CHW Certification.
- There should be **no residency requirements**.
- There should be **no personality trait requirements**.
- There should be no other eligibility requirements for CHW Certification, such as those related to criminal background checks. Any such requirements should be at the discretion of the employer.

## Design Group 2 Recommendations- Application Process

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- Applicant submits all required application materials to the Certifying Entity, including any required recommendations or verification of training. The only exception would be if the Certifying Entity has a policy requiring prime verification (verification directly from the source, such as directly from an employer).
- No materials should be required to be notarized, and copies of materials should be accepted (for example, copies of training certificates).
- The Certifying Entity should review the application and verify that all requirements have been met.

# Design Group 2 Recommendations- Application & Renewal Process

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- The Certifying Entity should issue notice of certification or denial to the applicant.
- For renewal, applicants should be required to attest to the completion of required CEUs. Applicants should be able to produce evidence of completion of these CEUs if requested.
- It is preferred that applicants have the option to submit application materials via email, online, or regular mail. However, the Design Group defers to the Certifying Entity on this point.

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## May 15 Follow-Up Items

# Questions/Comments from May 15 Advisory Committee Meeting

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1. Minimum Age for Eligibility- Other considerations
  - a. If we don't include a minimum age, could that cause problems for reimbursement?
  - b. Can we consider 16 as a minimum age?
2. What are the specific roles of the Advisory Body?
3. Is it possible to reduce the size of the Advisory Body?

# Minimum Age for Eligibility- Review

- Massachusetts and Texas have a minimum age of 18
- Florida and Rhode Island do not have a minimum age
- DPH and DOL have indicated there is no legal requirement to include a minimum age for a certification
- Design Group comments from past discussions:

## **Why require a minimum age?**

- May ensure a level of maturity
- More likely to have a driver's license
- May be required for reimbursement

## **Why not require a minimum age?**

- Some populations may benefit from a younger CHW
- Older age does not necessarily ensure maturity
- Employers will still enforce age requirements as part of standard hiring processes

# Minimum Age for Eligibility- Options

- Minimum Age of 18
- Minimum Age of 16
- No Minimum Age

***Decision Point: What is the age requirement for Certification Eligibility?***

# Advisory Board Roles

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Design Group 2 issued the following recommendation:

A **separate Advisory Body** should be established to inform the full development of Certification Standards. The Advisory Body would have a more prominent role in the initial development of the Certification Program, and would meet semi-regularly thereafter to assess the need to adjust the Certification Standards and to weigh in on critical questions as identified by the Certifying Entity.



# Advisory Board Roles- Lessons from other States

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## The **voluntary Florida CHW Coalition:**

- Advises the Certifying Entity on Certification Standards
- Was instrumental in establishing the Certification requirements by helping develop the exam, grandfathering process, and other educational/training requirements
- Conducts a census of CHWs every two years
- Engages in other activities to promote CHWs- includes 750+ members

## The **Massachusetts Committee of Subject Matter Experts:**

- Led the development of the Standards

## **The Texas Certification Promotor(a) CHW Training and Certification Advisory Committee:**

- Reviews applications from sponsoring organizations or training programs, verifies requirements are met, and recommends certification to the Certifying Entity
- Meets every two months

# Advisory Body Roles

## Questions for consideration:

- How often should the Advisory Board meet?
  - Possible meeting frequency: Monthly for the initial 6 months of program design and launch; quarterly for the first year following launch, twice a year thereafter
- What are three key objectives of Advisory Board meetings?
  - Possible objectives include: Review certification criteria, processes and policies developed by the Certifying Entity; Respond to questions from the Certifying Entity on individual certification requests, as needed; Issue annual recommendations for needed adjustments to the certification criteria based on national trends
- Based on capacity, are there other aspects of Certification in which the Advisory Board could play a role?
  - Possible areas include: Oversee a survey of Certified CHW employment status; Work with training organizations to improve continuing education opportunities for CHWs

***Decision Points: What are the recommended roles of the Advisory Body?***

# Advisory Board Size- Recommendations to Reduce

## **Design Group 2 issued the following recommendation:**

The Advisory Body should include (16 total):

1 representative each from DPH, DSS, and DMHAS;

6 CHWS;

1 CHW Association of CT representative;

1 community-based CHW training organization representative;

1 Community College representative;

1 Commercial Payer;

1 CHW employer;

1 Health Care Provider with direct CHW experience;

1 health educator

***Decision Point: Are there any positions that can be removed in order to reduce the overall size of the group?***

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# Discussion: Registry

# Registries

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- **Massachusetts:** The State will host a registry that is searchable by name. Employers can use to verify that a CHW is certified. The registry will not be able to generate a list of certified CHWs in a given area.
- **Florida:** The Florida CHW Coalition conducts a census every two years to develop a list of certified and non-certified CHWs. It is not a searchable list.
- **Rhode Island:** The Rhode Island Certification Board maintains a Registry that is searchable by Name or Credential Number.
- **Texas:** The Texas Department of State Health Services maintains a registry searchable by name, license number, city, or county

# For Discussion- Registry Components

- Maintenance of the Registry- Certifying Entity or Advisory Body
- Registry Features
  - Not Searchable- Static List
  - Searchable by Name
  - Searchable by License/Credential Number
  - Searchable by Region Decision Points

***Which body should maintain the registry? What are the minimum requirements for registry features?***

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# Discussion: Certifying Entity & Fiscal Implications



# Certifying Entities & Fees in Other States

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## State Agency

- **Massachusetts:** Board of Certification of Community Health Workers (Hosted within the State DPH, Bureau of Community Health Prevention), **\$35 fee**
- **Texas:** Texas Department of State Health Services, **No Fee**

## Nonprofit

- **Florida:** Florida Certification Board, **\$50, \$100 for 2-year renewal**
- **Rhode Island:** Rhode Island Certification Board, **\$125**

# State Insights: Why did you choose your Certifying Entity?

## **Rhode Island- Rhode Island Certification Board (RICB)**

- A familiar entity that certifies other professions
- Allowed for a solid and open process to develop the Standards
- RICB has support from a parent company- the process was well liked

## **Florida- Florida Certification Board (FCB)**

- Original plan was to establish a legislatively mandated task force- this bill died 3 years in a row, so the Florida CHW Coalition moved ahead with FCB to get the work done faster
- Only non-governmental agency providing credentials/certification in a broad range of occupations in Florida
- FCB has a 30-year history, strong track record, connection with CHW community in creating other credentials like Alcohol/Addiction and Family Support Case Management

# State Insights: Why did you choose your Certifying Entity?

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## **Massachusetts- Board of Certification of CHWs within State DPH**

- There was a lot of support from the DPH Commissioner's Office to host the Certification Board
- The MA Association of CHWs did not have as much capacity as DPH
- Hosting within DPH created more visibility and credibility with key stakeholders

## **Texas: Texas Department of State Health Services**

- The Texas Department of Health (the previous name for the agency) was named in the original legislation establishing certification

# State Insights- Fiscal Considerations

## Rhode Island- Rhode Island Certification Board (RICB)

- RI Department of Health paid the application fee for the first 100 applicants. They also provided a scholarship for those in need.
- Department of Labor and Training subsidized the application fee through a grant as an investment in workforce development

## Florida- Florida Certification Board (FCB)

- No state funding
- Certification and recertification fees and Training provider fees (\$200/year) support the Program
- In the first year, 660 CHWs were certified- mainly through the grandfathering process. It is becoming difficult for CHWs to afford recertification (\$100 every two years)- some Managed Care Organizations subsidize the fees, but the Department of Health does not.

# State Insights- Fiscal Considerations

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## **Massachusetts- Board of Certification of CHWs within State DPH**

- Office of CHWs includes 2 full-time staff funded through CDC chronic disease funding
- The Office of CHW staff, the Certification Board Chair, and the staff from the Bureau of Health Professions Licensure spend the equivalent of one of at least one full-time position on certification implementation

## **Texas: Texas Department of State Health Services**

- 1-2 Full time staff are assigned to oversee the program
- Approximately 600 CHWs were certified during the first year
- All costs are subsidized by the State

## Key Takeaways from other states

The certifying entity should have credibility, capacity, and infrastructure

Strong support from State leaders helps establish the State as the certifying entity

Funds will likely be needed to help subsidize the cost of certification, regardless of the certifying entity

Funding to support certification may come from multiple sources

# CHW Certifying Entity- Connecticut Options for Discussion

	Department of Public Health	CHW Association	Third Party
Selection Process	Legislation would establish DPH as the certifying entity	CT Public Health Association would vote to allow the CHW Association to serve as the Certifying Entity	The State would procure a third party to administer the certification process
Annual Costs	Half Time staff member within DPH	Unknown- would require setup of all needed infrastructure	Example Quote: \$7,500 + \$2,500 setup in the first year
Applicant Fees	~\$100	As determined by the Association	~\$100-\$200
Example	Physicians	Medical Assistants (with the support of a national Association)	Certified Addiction Counselor

# Certifying Entity- Previous Discussion Review

	Department of Public Health	CHW Association	Third Party
Pros	<ul style="list-style-type: none"><li>• Same certifying entity as most health care providers (~65)</li><li>• Infrastructure already established</li></ul>	<ul style="list-style-type: none"><li>• No legislation needed</li><li>• CHW Association would have the authority to adjust requirements without legislation</li></ul>	<ul style="list-style-type: none"><li>• May have existing infrastructure- faster implementation</li><li>• May be more cost effective</li></ul>
Cons	<ul style="list-style-type: none"><li>• Fees</li><li>• Difficult to change requirements once set</li><li>• Requires legislation- may take longer to implement</li></ul>	<ul style="list-style-type: none"><li>• No existing infrastructure- may take longer to establish</li><li>• Costs could be high to develop infrastructure- Fees would likely be needed</li><li>• Not the same certifying entity as most other providers</li><li>• May be challenging for the Association to manage (legal issues, etc.)</li></ul>	<ul style="list-style-type: none"><li>• Usually computer-based assessment</li><li>• Fees</li><li>• Not the same certifying entity as most other providers</li><li>• Would require some regular funding from State or other source</li></ul>



# Discussion- Certifying Entity & Fiscal Implications

## Key Considerations:

- Overall Cost
  - Funding Sources
  - Options for Subsidization
- Timeline for Approval
- Timeline for Implementation
- Infrastructure for Implementation
- Equity with other Health Care Providers
- Flexibility to change Certification Requirements

***Question: Which of the above are the most critical criteria for selecting a Certifying Entity?***

# CHW Certifying Entity- Connecticut Options for Discussion

	Department of Public Health	CHW Association	Third Party
Overall Cost	~\$25,000 annually for staff salary	Likely substantial upfront investment	~10,000 first year, \$7,500 annually
Timeline for Approval	Earliest: June 2019	Could be 2018	2018
Timeline for Implementation	Earliest: January 1, 2020	At least mid 2019	Could be late 2018 or early 2019
Infrastructure for Implementation	Existing	None	Existing
Equity w/ Other HC Providers	65+ Providers	None	~10 Providers
Flexibility to change Requirements	Low	High	Medium

# Discussion- Certifying Entity & Fiscal Implications

## Key Considerations:

- Overall Cost
  - Funding Sources
  - Options for Subsidization
- Timeline for Approval
- Timeline for Implementation
- Infrastructure for Implementation
- Equity with other Health Care Providers
- Flexibility to change Certification Requirements

***Decision Point: Who should serve as the Certifying Entity? What are the key reasons for this recommendation? What are the fiscal implications of this recommendation?***

# Review of Decision Points Made Today

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- Minimum Age for Eligibility
- Role of the Advisory Body
- Advisory Body Composition
- Registry Requirements
- Certifying Entity

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## Next Steps

# Next Steps: Certification Recommendations

Before June 19

Final Design Group Call to Complete Recommendations



June 19

Full Group CHW Advisory Committee Meeting to Discuss and Approve all Design Group Recommendations



July 17

Full Group CHW Advisory Committee Meeting to Discuss Draft Legislative Report containing Recommendations