ILLINOIS COMMUNITY HEALTH WORKER ROUNDTABLES

Implementation of the Community Health Worker Certification and Reimbursement Act

"UNIFIED VOICE FOR COMMUNITY HEALTH WORKERS"
ILCHWA
ILLINOIS COMMUNITY HEALTH WORKERS ASSOC.

CENTER *for* HEALTH LAW *and* POLICY INNOVATION
HARVARD LAW SCHOOL

July 2022

AUTHORS

Leticia Boughton Price, Wandy Hernandez-Gordon, Erin McCrady, Julia Harvey, and Maryanne Tomazic.

SPECIAL ACKNOWLEDGEMENTS

The authors want to thank the following leaders and organizations for their ongoing work and support for community health workers and the communities they serve.

State Senator Mattie Hunter ✦ State Representative Camille Lilly ✦ The Illinois Legislative Black Caucus ✦ The Governor's Office ✦ Illinois Department of Public Health–Office of Health Promotion, Division of Oral Health ✦ the Illinois Community Health Workers Association membership ✦ University of Illinois Chicago–Office of Community Engagement and Neighborhood Health Partnerships ✦ University of Illinois Cancer Center–Community Engagement and Health Equity Office ✦ Illinois Unidos ✦ Latino Policy Forum ✦ Illinois Public Health Association ✦ Health & Medicine Policy Research Group ✦ State Representative Robyn Gabel ✦ Rakove and Strassberger ✦ The Chicago Communities Trust ✦ Healthy Community Foundation.

This report is made possible with the generous support of the Bristol Myers Squibb Foundation.

TABLE OF CONTENTS

EXECUTIVE SUMMARY

Illinoisans have long looked to community health workers (CHWs) for support and advice regarding their health and wellbeing. In 2020, the Illinois Legislative Black Caucus organized a series of roundtables to inform legislative efforts that promote health equity. These conversations made clear that any effort that did not include significant investment into the CHW workforce would be incomplete. In recognition of CHWs' crucial role, the Illinois Legislative Black Caucus collaborated with the Illinois Community Health Workers Association (ILCHWA) to draft legislation that would expand and sustainably support CHW services. The Illinois Health Care and Human Service Reform Act (the Act), sponsored by Senator Mattie Hunter and Representative Camille Lilly, was born. Among other measures that improve health care access and health outcomes for underserved communities, the Act calls for increased access to CHW services to address disparities in chronic disease management.

The Act directs the Illinois Department of Public Health (IDPH) to implement key provisions of the Act in collaboration with representatives from relevant agencies and organizations. In the case of provisions related to the training, certification, and reimbursement of CHWs, IDPH was directed to partner with a statewide association representing CHWs.

This report is part of ILCHWA's efforts to prepare for the collaboration called for in the Act and to ensure that recommendations for implementation amplify the voices of the CHW community in Illinois. ILCHWA partnered with the Center for Health Law and Policy Innovation of Harvard Law School to conduct a series of roundtables centered on the themes of training, certification, and reimbursement. Robust discussions with CHWs, CHW employers, CHW training organizations, and health care payors and providers from across Illinois, have resulted in the following recommendations. These recommendations reflect a limited series of discussions however, and should not replace ongoing, comprehensive engagement with the CHW community at large.

Recommendations: Training

1. A core set of training requirements should be required for all CHWs, focused on skill development, and flexible guidelines should be provided for training regarding specific substantive topics.
2. Experienced CHWs must be represented among the leadership of all certified training programs.
3. Training programs must be provided to CHW trainees at low- or no-cost.
4. Training programs should be offered during evenings and weekends and be held in accessible locations.
5. Training programs should be offered in the languages most commonly spoken in the program's region.
6. Training materials in any language should meet predefined reading level criteria.
7. Training opportunities should not require a particular level of formal education, such as a high school diploma/GED.
8. Training programs should not require a citizenship or legal residency requirement.

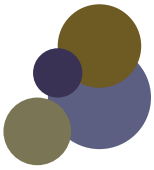
9. Training programs should include an experiential learning component.
10. Certified training programs should allow for some remote and asynchronous learning options, while balancing the need for in-person opportunities.
11. Certified CHWs must be given opportunities to learn new skills through continuing education.
12. Certified CHWs must be given opportunities to obtain advanced certifications through additional training.

Recommendations: Certification

13. Certification processes must consider and credit the necessary soft skills associated with the CHW profession.
14. Certification processes must consider alternative assessment formats, which do not rely on written and timed examinations.
15. Certification processes must credit CHWs for their experience in the profession prior to the implementation of statewide certification, through grandparenting protocols.
16. Certification processes should consider and credit the lived experiences of CHWs seeking accreditation. Policies should not intentionally or inadvertently create barriers for CHWs based on their lived experiences.
17. Certifications processes should create opportunities for advancement within the profession.
18. Stakeholders from across the CHW community should have meaningful input into accreditation determinations.
19. Certification must be low- or no-cost to CHWs.
20. Certification materials must offered in the languages most commonly spoken in the program's region.
21. Certification materials in any language should meet predefined reading level criteria.
22. Certification should not require a particular level of formal education, such as a high school diploma/GED.
23. Certification should not require a citizenship or legal residency requirement.

Recommendations: Reimbursement

24. Technical assistance must be provided to CHWs and employer organizations to support infrastructure development and partnership-building with health care entities.
25. IDPH should develop a category of enrolled medical program provider that would allow experienced, certified CHWs to act as supervisors.
26. Billable services should include patient navigation, individual and group education, case management, discharge planning and coordination, closed loop referrals, and client relationship-building.
27. Billing must be structured in a manner that reimburses CHWs for the services they provide without unduly restricting the flexibility of their work.
28. Recognizing that not all CHWs will be eligible to receive Medicaid reimbursement, and not all Illinoisans who need CHW services are eligible for Medicaid; Medicaid reimbursement must supplement, but not supplant, other sources of funding for CHW services.



INTRODUCTION

Community Health Workers are frontline public health workers, who are trusted members of the communities that they serve.[1] CHWs play an invaluable role in connecting people in their communities with the services and resources that they need, increasing health knowledge and social support, and overcoming barriers to care. Illinois is home to an extensive CHW network, supporting clients all across the state.

In recognition of the important role that CHWs play, the Illinois legislature, led by the Illinois Legislative Black Caucus, has taken action to support the CHW workforce and the clients that they serve. In 2014, Illinois passed the Community Health Worker Advisory Board Act, which created a 15-member board comprised of CHWs, CHW employers, CHW training organizations, and others, tasked with developing recommendations for a certification process for CHWs.[2]

Most recently, the Illinois Legislative Black Caucus drafted and the legislature subsequently passed the Community Health Worker Certification and Reimbursement Act in 2021, as part of the Illinois Health Care and Human Service Reform Act.[3] The Act creates new opportunities for the services performed by CHWs to be reimbursable by Medicaid, creating a sustainable funding stream for CHWs in Illinois. Further, the Act directs the Illinois Department of Public Health to implement key provisions of the Act related to training, certification, and reimbursement, in partnership with a statewide association representing CHWs. Although the passage of this legislation is an important step, implementation of the legislation requires additional regulatory development that will determine how this law will take shape. The development of these regulations marks an important opportunity to support CHWs and improve access to care in Illinois.

The Illinois Community Health Workers Association is a statewide association representing CHWs. ILCHWA, formerly known as the Chicago Community Health Worker Local Network, was created by a group of health educators in 2003. ILCHWA's mission is to unify and to represent the collective voice of its membership to advocate, promote and sustain the CHW workforce throughout Illinois. In order to inform their recommendations to IDPH, ILCHWA has partnered with the Center for Health Law and Policy Innovation of Harvard Law School (CHLPI) to conduct a series of roundtable discussions with CHWs and other stakeholders about the implementation of the Act.

CHLPI advocates for legal, regulatory, and policy reforms to improve the health of underserved populations, with a focus on the needs of low-income people living with chronic illnesses and disabilities. CHLPI works with consumers, advocates, community-based organizations, health and social services professionals, government officials, and others to expand access to high-quality health care; to reduce health disparities; to develop community advocacy capacity; and to promote more equitable and effective health care systems. CHLPI is a clinical teaching program of Harvard Law School and mentors students to become skilled, innovative, and thoughtful practitioners as well as leaders in health and public health law and policy.

PROCESS

To honor its commitment to CHW workforce-led development of policies, structures, and processes,[4] ILCHWA recognized that its contributions to this Act would be incomplete without robust community input. In March and April of 2022, ILCHWA and CHLPI hosted five virtual roundtable discussions. The roundtables brought together a variety of stakeholders, including community health workers, employers, training institutions, and health care payor and provider organizations. Stakeholders were selected through targeted outreach with the goal of ensuring diverse, statewide representation at each roundtable. ILCHWA and CHLPI sought to welcome a variety of geographic, socioeconomic, racial, cultural, gender, sexual orientation, and ability identities to the table through participants' lived experience and the communities they serve.

Other Roundtable Information:

- Roundtable discussions were virtual and live closed-captioned. One discussion was facilitated in Spanish.
- Roundtables for CHW community members were held outside of regular work hours and supported with modest stipends.
- Participants included some members of ILCHWA, but many did not have an affiliation with the organization.

Following the conclusion of the roundtable series, stakeholder contributions were analyzed to identify key themes across the topics of training, certification, and reimbursement. These themes are described in the report. Key recommendations have be separately summarized for future implementation of the law.

RESULTS

TRAINING

Participants recognized that there are a variety of training program formats that may be effective and meet the needs of trainees. However, participants also identified common themes that should be considered and addressed across all certified training programs. Roundtable participants provided insight on the CHW training process, including key topics to be included in training programs, recommended curricula and materials, training program format, and opportunities for continuing education.

Training Topics and Choice of Curriculum

Participants made a number of recommendations about the topics that should be covered in any certified CHW training program. These training recommendations addressed both specific **skills sets**, including soft skills and professional skills, as well as substantive health-related **subject matter areas**. Participants also made recommendations for current CHW training programs and resources that could serve as models in the development of regulations for training programs moving forward.

Skill set training. Several participants described using the core competencies laid out in the Community Health Worker Core Consensus Project (C3 Project)[5] as the basis for a number of current training programs and described these competencies as the "gold standard" for CHW training. The C3 core competencies largely address the development of key skills sets that are widely applicable to CHW work, regardless of any further subject matter specialization. These competencies include: communication skills; interpersonal and relationship-building skills; service coordination and navigation skills; capacity building skills; advocacy skills; education and facilitation skills; individual and community assessment skills; outreach skills; professional skills and conduct; evaluation and research; and knowledge base.

Participants also discussed other skills sets that they felt were important for all CHWs to have, regardless of subject matter specialization. These included: self-care skills; motivational interviewing; strength-based engagement; technology skills including how to use technology in the field and conduct remote sessions with clients; cultural and linguistic competency and relevancy; implicit bias training; documentation skills; and knowledge of the Illinois insurance landscape.

Subject matter training. Participants described a wide range of substantive subject matter areas that CHWs may be trained in, depending on the needs of their role. Most participants seemed to agree that subject matter training requirements should largely be flexible, depending on the practice setting in which the CHW would be working. However, there were some subject matter areas that some participants felt were important for all CHWs to be trained in, including: social determinants of health; CPR and first aid; mental health first aid; trauma-informed care; and identification of trauma, trafficking, and abuse.

Other topics that participants mentioned would be important for training opportunities, dependent on a CHW's specialty, included: education and management of a number of chronic conditions (asthma, diabetes, hypertension, cancer); care coordination; COVID-19 education including vaccination education; COVID-19 contact tracing; nutrition; dental health; behavioral health; mental health and wellness; breast feeding education; issues pertaining to youth; issues pertaining to people who are aging; issues pertaining to people who are unhoused or housing insecure; gun violence; transportation assistance; and social supports and benefits assistance.

Participants also noted that there may be important differences related to the health care landscape or community culture that may require variation in training based on geography. They said that training programs need flexibility to account for these place-based differences.

Recommended curricula and materials. In addition to the resources already described, a few participants highlighted the training at Sinai Urban Health Institute[6] as another "gold standard" program. Specifically they emphasized how SUHI ensures that experienced CHWs are "embedded" in every level of the training and the focus on practical experience opportunities. Participants also spoke favorably about trainings using the ECHO model.[7] One participant mentioned the textbook *Foundations for Community Health Workers*[8] as an important training resource. These resources may prove useful starting points for curriculum design and evaluation. However, a lack of consensus among participants indicates there is further work to be done in developing CHW training that adequately meets all needs.

Training Format

CHW leadership. Multiple participants cited the importance of ensuring that all trainings are led by individuals who are experienced CHWs themselves. Participants noted that this was important for trainees to learn from leaders with firsthand experience. Participants also described the importance of validating CHW expertise in develop training programs, and validating the lived experience of people who work as CHWs and their connection to the communities they serve, rather than presuming that non-CHWs are qualified to train people entering the profession.

Accessibility. Participants emphasized the importance of ensuring that training programs are as accessible as possible to those who are interested in becoming CHWs. Key accessibility considerations included the cost of training, the hours and locations where trainings are held, language access, and formal education requirements.

A number of participants cited cost concerns related to training and said that high training costs for trainees would deter participation. Participants requested that training costs be free or heavily subsidized by the state or employers, including for basic and more advanced trainings. Participants also made the point that trainings should be held on days and at times that would make it possible for people to attend while meeting work and family obligations. One participant recommended that trainings be held in easily accessible community areas, such as parks and community centers, to ensure that those with limited transportation options are able to attend. Other participants also recommended remote learning options, including asynchronous learning for at least some of the CHW training requirements, as a way to overcome transportation issues and scheduling conflicts. Recommendations related to remote and asynchronous learning options are discussed more below.

Roundtable participants cited the importance of language accessibility in effective CHW training. Participants said that training materials can sometimes be written in too advanced a reading level for trainees and that materials must be created to ensure access regardless of reading level. One participant emphasized the value of visual aids and alternative training media, such as videos, to help overcome these challenges. Some Spanish-speaking participants also made the point that trainings are frequently not offered in Spanish. When trainings are offered in Spanish, participants said that often the Spanish used in the training materials may be very formal or from a different Spanish-speaking region (e.g., Spain), making the language unfamiliar and inaccessible. Participants recommended that training programs be required to meet certain language access standards.

> **"Some of us have gone to school, others have not. You have to keep in mind that many community health workers, maybe they got to 6th grade in Mexico or in their countries, maybe they graduated from 6th grade, so I imagine that the training needs to be appropriate for the people that they're training."**
>
> **- Roundtable Participant**

Formal education requirements were cited as a barrier to participation in CHW training programs. Participants noted that some training programs maintain degree requirements, most commonly a high school diploma or GED. Participants noted that there are CHWs currently in the

workforce who did not complete high school and that this formal requirement is not necessary to be effective as a CHW. Further, participants said that requiring CHW trainees to obtain these credentials would serve as a barrier, both because many individuals do not feel comfortable going back to school later in life and also because of the cost associated with missing work in order to complete their degree. However, some participants said that a high school diploma or GED should be required. Participants noted that inflexible identification requirements may be needlessly burdensome for some CHWs, and that there should be no citizenship requirement to participate in training. Participants also noted that background check requirements must be implemented fairly, in ways that do not categorically exclude people who have prior involvement with the criminal justice system.

Experiential learning. Across all roundtables, participants emphasized the importance of experiential learning opportunities for CHW trainees, including through shadowing, hands-on work with clients under the supervision of an experienced CHW, and live demonstrations. CHW participants who had experiential learning as part of their own training said that they benefitted from the opportunity, because it allowed them to feel supported and gave them the opportunity to ask questions while participating in the work. Others who did not have experiential learning as part of their training said they would have felt more prepared to begin their work if they had been given that opportunity. Some participants noted that experiential learning opportunities like shadowing can help CHW trainees decide if the CHW profession is right for them, before completing their training and becoming certified, which are resource-intensive processes. Experiential learning is also an important way for trainers to assess CHW trainee preparedness.

"[W]hen people are out doing real work, they understand the good, the bad, and the ugly of it all, but they are not shocked by it. They are ready for it."

- Roundtable Participant

A few participants made the point that some experiential learning opportunities may take the form of more robust internships or externships. Although there are many benefits to experiential learning, participants cautioned that internships where CHW trainees are being relied upon by a host organization to perform necessary work, and where they must dedicate a significant amount of time, should be paid. Unpaid internship and externship opportunities may be a barrier to participation in the CHW training due to the lost work opportunity. There was some disagreement among participants as to whether or not a more time-intensive version of experiential learning opportunity – an internship, externship, or practicum – should be a mandatory or optional component of the training process.

Remote and asynchronous learning. CHW training formats changed significantly since the start of the COVID-19 pandemic, with many training programs moving partially or entirely online. Participants expressed mixed feelings about the challenges and opportunities associated with remote learning. Some participants highlighted the expanded reach that remote learning offered, making it more feasible for people to engage in training who otherwise would not have been able to because of transportation or scheduling issues. One participant stated that remote learning increases access to training in more remote parts of the state where in-person trainings may not be available. Relatedly, asynchronous options, like pre-recorded video lessons, allow CHW trainees to complete at least some of their training in their own time, further increasing access and flexibility.

However, participants also described challenges with remote learning. Remote and asynchronous options do not allow for the kind of connection or robust discussion associated

with in-person learning, which multiple participants stated is critical for the highly-interpersonal work that CHWs are trained to do. It also means that trainers do not have the same opportunity to observe trainees and provide directed feedback. Further, CHW trainees do not always have a reliable internet connection or the necessary equipment to facilitate remote learning (e.g., attending sessions on a phone rather than a laptop). Finally, sessions on Zoom or other video platforms can be exhausting for trainers and participants alike, and it can be challenging to host sessions that are longer than a few hours at a time. On the balance, many participants seemed to agree that some opportunities for remote and asynchronous learning were beneficial, and that a balance of remote and in-person learning was desirable.

> **"[P]eople like to have face to face meetings. But if that is not an option, at least give them the other option to be able to use Zoom to communicate that way. And see each other on the computer, so to speak."**
>
> **- Roundtable Participant**

Opportunities for Continuing Education

Numerous participants highlighted the importance of creating meaningful opportunities for continuing education as part of any new CHW training infrastructure. Participants commonly pointed to the COVID-19 pandemic as an example of why continuing education is important, both to ensure that CHWs have the substantive knowledge to address client needs related to the pandemic and to ensure they have the skills to switch to a remote client engagement format. Further, if CHWs change employers or practice setting, they may need additional trainings to ensure they have the appropriate expertise to meet their clients' needs.

Participants also highlighted the importance of opportunities for advanced training, which would be associated with a more advanced certification. The opportunity for upward mobility in the CHW profession was a common theme in the roundtables. Participants said that the opportunity for advancement in the profession was important to ensure that CHWs felt they had a career path in the profession, which is important for morale building and retention. Currently, those opportunities are not always available. Advanced CHWs also play an important role in training and supervising more junior CHWs.

Recommendations: Training

1. A core set of training requirements should be required for all CHWs, focused on skill development, and flexible guidelines should be provided for training regarding specific substantive topics.
2. Experienced CHWs must be represented among the leadership of all certified training programs.
3. Training programs must be provided to CHW trainees at low- or no-cost.
4. Training programs should be offered during evenings and weekends and be held in accessible locations.
5. Training programs should be offered in the languages most commonly spoken in the program's region.
6. Training materials in any language should meet predefined reading level criteria.

Recommendations: Training (Cont.)

7. Training opportunities should not require a particular level of formal education, such as a high school diploma/GED.
8. Training programs should not require a citizenship or legal residency requirement.
9. Training programs should include an experiential learning component.
10. Certified training programs should allow for some remote and asynchronous learning options, while balancing the need for in-person opportunities.
11. Certified CHWs must be given opportunities to learn new skills through continuing education.
12. Certified CHWs must be given opportunities to obtain advanced certifications through additional training.

CERTIFICATION

Roundtable participants recognized the importance of a new certification process, both to ensure consistent and high-quality health care services for clients and to establish credibility for the CHW profession. Participants highlighted a number of important topics for consideration in the development of such a certification process.

Assessment

Participants recognized that any certification process necessitates some kind of assessment, in order to ensure that certified CHWs meet necessary criteria. Participants also raised a number of considerations that they would like taken into account as part of any such assessment process:

Soft Skills. Throughout the roundtable discussions, participants emphasized the importance of so-called soft skills in ensuring that a CHW is successful in their role, such as listening skills, relationship-building skills, compassion, and passion for the work. Participants made note that these skills and qualities make a significant difference in the effectiveness of a CHW, but traditional assessments often cannot capture these kinds of qualifications. Some participants recommended that the assessment involve a qualitative assessment, such as shadowing, that would allow for evaluation of these kinds of skills.

Alternative assessments. Many participants raised the concern that not all people perform well in traditional assessments or tests, which are usually written and timed. Further, participants emphasized that this type of format may not adequately assess the skills that are most important for a CHW to demonstrate (such as the soft skills described above). For similar reasons related to the evaluation of soft skills, participants recommended that alternative assessment techniques could involve evaluation through shadowing or oral assessments.

> **"If you do the work, you also have to have a commitment to doing the work with a sense of integrity and collaboratively and strength building. Because if we harm while doing community work, we are no different than any other provider."**
>
> **– Roundtable Participant**

Grandparenting protocols. Participants frequently raised the importance of honoring the professional experience of CHWs who have been working in the field to date, prior to the implementation of this new certification process. Participants said that requiring current CHWs to undergo an entirely new training and certification process would be challenging, and would likely lead to highly qualified CHWs not completing the new certification process. Therefore, participants emphasize that there must be some kind of grandparenting protocol, which would credit CHWs for their professional experience (including volunteer experience) and allow them to skip or otherwise "test out" of certain training and certification requirements. While participants acknowledged that even experienced CHWs must be sufficiently qualified in order to be certified, they said that the process must be flexible enough to allow different pathways to certification.

Existing resources. A number of participants discussed a rubric that has been in development within the Illinois CHW community, which would holistically assess CHW competency.[9] Participants recommend that this tool be integrated and implemented as part of the new certification process.

Prioritizing Lived Experience

Participants emphasized the importance of a CHW's lived experience in allowing them to be effective in their role. CHWs are effective in what they do because they are members of the communities they serve, with similar lived experiences. Participants said that this must be considered as part of the certification process. Mutual lived experience is one aspect that allows CHWs to develop connections and maintain community trust. Lived experience, then, should be considered an asset for CHWs seeking certification. Lived experience also should not count against a CHW seeking certification (e.g., someone should not be disqualified from certification if they have experience with the criminal justice system, when that experience can help them relate to and serve their clients).

Opportunities for Advancement

Just as participants described the need for training opportunities for different levels of CHWs, participants also described the need for different certification levels, distinguishing CHWs with a basic certification from those with a more advanced certification. Opportunities for advanced certification are important to develop expertise in the field and to ensure that there are experienced CHWs who are able to facilitate trainings and play a supervisory role. Participants also indicated that allowing CHWs the opportunity to advance within the profession was important for CHWs to feel that they had a future in the workforce, promoting strong morale and retention. Participants noted that there should be experience requirements of some kind for CHWs to be able to obtain more advanced certifications. Some participants also favored the opportunity for specialized subject matter certifications, which would allow CHWs to demonstrate particular subject-matter expertise.

Certifying Body

Some participants said that certifications for CHWs and training programs should be issued with the input of various professionals, including: current CHWs; health care professionals, including physicians and nurses; and representatives from community organizations that employ CHWs.

"[T]hey were saying that they couldn't admit people who didn't have GED. So, we are moms that work in a program. They gave us the job as volunteers. And many of us did not finish school. We were so sad. We said that we don't have schooling on it, but we have the experience. This is what we do, we are walking the streets along with people."

– Roundtable Participant

Accessibility

As with training, participants raised concerns about the accessibility of the certification process. These concerns included: cost to CHWs; formal education requirements; background check requirements or prohibitions associated with prior arrests, criminal charges or convictions; citizenship or residency requirements; language accessibility; and time commitments associated with certification, in addition to training requirements.

Recommendations: Certification

1. Certification processes must consider and credit the necessary soft skills associated with the CHW profession.
2. Certification processes must consider alternative assessment formats, which do not rely on written and timed examinations.
3. Certification processes must credit CHWs for their experience in the profession prior to the implementation of statewide certification, through grandparenting protocols.
4. Certification processes should consider and credit the lived experiences of CHWs seeking accreditation. Policies should not intentionally or inadvertently create barriers for CHWs based on their lived experiences.
5. Certifications processes should create opportunities for advancement within the profession.
6. Stakeholders from across the CHW community should have meaningful input into accreditation determinations.
7. Certification must be low- or no-cost to CHWs.
8. Certification materials must offered in the languages most commonly spoken in the program's region.
9. Certification materials in any language should meet predefined reading level criteria.
10. Certification should not require a particular level of formal education, such as a high school diploma/GED.
11. Certification should not require a citizenship or legal residency requirement.

REIMBURSEMENT

Billable Services

In discussions about what CHW activities should be reimbursable under Medicaid, participants raised the following:

Trust- and relationship-building. Participants most frequently highlighted the work that CHWs do to build trusting relationships with the clients and communities they serve. Many participants shared their own experiences of connecting with clients, and how that connection led to more appropriate and effective preventive care.

> "I love to make a connection with our patients and community members and the people that we serve, and that is all it takes to get that barrier down and that creates a form of trust where [...] they will let you in their space and you can serve them and provide them with the health care that they actually need. Because health care is not always 'Okay, make sure you take your prescriptions and medicines,' because a lot of time that is not what they want but it is more so that connection."
>
> - Roundtable Participant

Education. Many participants expressed the importance of reimbursement for client education, both in group and one-on-one settings. Participants indicated that they often led workshops or classes focused on particular topics for larger community groups, but also engaged in more tailored education during appointments with individual clients.

Navigation and coordination. Several participants highlighted the work CHWs do to connect clients to needed resources within health care entities and the community. Assisting clients with public benefits enrollment, ensuring effective navigation of insurance benefits, and connecting clients to needed resources in the community were all identified as substantial and time-consuming parts of CHWs' roles.

Discharge planning and closed-loop referral. A number of participants expressed the importance of compensation for referrals and coordination surrounding clients' discharge from medical facilities. Participants also highlighted that compensation must extend to the work that follows discharge, including closed-loop referrals and follow-up communication with discharged clients.

> "[W]orking with those patients that are being discharged, I think that is essential, right? Making sure they have the tools and any connections they need so they are not frequent[] visitors. I think that would be something that is essential, important, that could be reimbursed."
>
> - Roundtable Participant

Billing Logistics

Flexibility. Participants across all roundtables reiterated that, given the vast and varied work of CHWs, Medicaid billing must be flexible in order to be effective. Some CHW participants expressed concerns that strict time limits or coding categories might hinder their ability to provide the kind of care clients require or, more likely, would put the CHW in the position of providing uncompensated care when clients' needs exceeded the bounds of billable services.

"[I]f you are entirely grant funded and it feels like that funding [is] stable…, why look for more complicated relationships? …[M]ost of our health navigators, our research navigators have had their own harm in navigating systems and they did not want to be redoing that…"

– Roundtable Participant

Similarly, participants expressed the importance of a billing structure that accommodates the varied organizational structures of agencies that employ CHWs. Participants noted that CHWs may be employees, independent contractors, or volunteers and are compensated by agencies in many different ways. While participants were generally optimistic about the sustainable funding opportunities created by Medicaid reimbursement, they were unwilling to compromise the flexibility that makes CHWs' work unique and effective.

Capability. Participants indicated some concerns about the infrastructure and logistical barriers of billing Medicaid. Many organizations that utilize CHWs are currently grant- or pilot-funded, and some participants expressed hesitancy to pursue contracting relationships their agencies had less experience with. Participants recognized the benefits that Medicaid billing would provide to their organizations but, without a clear idea of the costs involved, approached the logistics with caution.

In addition to their own readiness to partner with health care entities, participants also highlighted the importance of ensuring health care entities were prepared to utilize the expanded access to CHW services. Payor and provider education to ensure effective and appropriate CHW services may be an important component of implementation.

"[W]e definitely haven't billed Medicaid because we have lots of concerns, I don't think we have the infrastructure in place to try to handle that directly…"

– Roundtable Participant

Supervision

When discussing the provision of the Act that requires that Medicaid-reimbursable CHW services be supervised by an enrolled medical program provider, participants raised a number of questions about the nature of this supervision. Participants' opinions on the independence of CHWs and the frequency of contact with supervisors varied broadly depending on the nature of the work and organizational capacity, with some suggesting daily check-ins and others indicating a preference for weekly or monthly reports.

"The time for a doctor, for an advanced nurse is very valuable. They have many, many patients and they cannot be chasing the patients, so that's where we come in. We are the ones who are following up with the patients […] What we're doing is we are relieving them, their work burden."

– Roundtable Participant

Participants were eager to see this supervision requirement utilized as an opportunity for career advancement within the CHW profession. If CHW organizations were able to enroll as program providers and more experienced CHWs placed in supervisory roles, the structure would encourage upward mobility while providing the benefit of knowledgeable supervisors for more junior CHWs. Participants expressed a strong preference for supervisors with prior experience as CHWs. If CHW organizations are not eligible to supervise CHWs under Medicaid and supervisors must be those in more traditional health care roles, participants expressed a desire to operate in a collaborative, team-based environment.

Other Funding Sources

While participants were enthusiastic about the additional opportunities created by Medicaid reimbursement, they stressed the continuing importance of other funding streams for CHW services. Given the barriers that might prevent CHWs from obtaining certification, participants noted that Medicaid reimbursement may not be an available option for the whole CHW workforce. While the need will remain for those CHWs who do not pursue certification to provide services that are not billable to Medicaid, some participants expressed concerns that funders may misconstrue the new Medicaid coverage to mean that grants and pilots are no longer necessary.

Several participants also worried that too heavy a reliance on Medicaid reimbursement would disadvantage those clients who are not eligible to receive care through Medicaid. In particular, participants raised concerns about care for clients who are excluded due to immigration status or whose income leaves them just outside of Medicaid eligibility. Other sources of funding for CHWs remain vital to meet the needs of populations who are not eligible for Medicaid.

Recommendations: Reimbursement

1. Technical assistance must be provided to CHWs and employer organizations to support infrastructure development and partnership-building with health care entities.
2. IDPH should develop a category of enrolled medical program provider that would allow experienced, certified CHWs to act as supervisors.
3. Billable services should include patient navigation, individual and group education, case management, discharge planning and coordination, closed loop referrals, and client relationship-building.
4. Billing must be structured in a manner that reimburses CHWs for the services they provide without unduly restricting the flexibility of their work.
5. Recognizing that not all CHWs will be eligible to receive Medicaid reimbursement, and not all Illinoisans who need CHW services are eligible for Medicaid; Medicaid reimbursement must supplement, but not supplant, other sources of funding for CHW services.

CONCLUSIONS AND NEXT STEPS

These roundtable discussions offer important insight into how state officials can implement policies that support CHWs and other stakeholders across Illinois. The findings from these discussions highlight the importance and value of standardized training and certification requirements and new reimbursement opportunities, while also demonstrating the diversity of the CHW community and the specific considerations that will make these new policies successful.

ILCHWA hopes that these recommendations will inform the regulatory process implementing the Community Health Worker Certification and Reimbursement Act, in a way that is led by and serves the needs of CHWs and the communities in which they work. ILCHWA welcomes feedback and questions, and hopes that this report will be part of an ongoing conversation and collaboration with the CHW community.

ENDNOTES

1 *Community Health Workers*, American Public Health Association, perma.cc/AEJ8-Q5VP.
2 *Il. Community Health Worker Advisory Board Act*, 20 ILCS 2335 (2014), perma.cc/43TK-VHXP.
3 *Il. Community Health Worker Certification and Reimbursement Act*, 410 ILCS 67 (2021), perma.cc/G4B2-KJ8G.
4 *Fact Sheet: Community Health Workers in Illinois*, Illinois Community Health Workers Association (2021), perma.cc/R5TA-2CHJ.
5 CHW Core Consensus Project (2018), perma.cc/BSV8-PJM4.
6 *Center for CHW Research, Outcomes, and Workforce Development*, Sinai Urban Health Institute (2021), perma.cc/NP86-HWTP.
7 E.g., *Community Health Worker Echo*, Southern Illinois University, perma.cc/87XX-R5PC.
8 *Foundations for Community Health Workers* (Timothy Berthold ed., 2nd ed. 2016).
9 On file with Authors.

Illinois Community Health Worker Roundtables: Implementation of the Community Health Worker Certification and Reimbursement Act