Introduction:
Thank you for the opportunity to comment on the proposed policy regarding Medicaid Coverage of Community Health Worker (CHW)/Community Health Representative (CHR) Services. Michigan Community Health Worker Alliance (MiCHWA) is a 501(c)3 non-profit organization whose mission is to promote and sustain the integration of community health workers into health and human services organizations throughout Michigan through coordinated changes in policy and workforce development. Since 2011, MiCHWA has worked collaboratively with CHWs, CHW employers and allies across the state to lead the charge in CHW advocacy, core-competency based training and continuing education, registry, and sustainability.

Comments and Recommendations:
MiCHWA commends the Michigan Department of Health and Human Services for its work in developing a policy to facilitate Medicaid reimbursement and enhance the quality of services provided by CHWs. It is evident that the policy is largely representative of the significant role of CHWs by reflecting a broad range of covered services. Below are MiCHWA’s comments regarding requests for clarification on items throughout the policy and recommendations to ensure sufficient opportunities for CHWs and equitable services for Medicaid beneficiaries.

General Information:
An important aspect of the CHW role is their lived experience and understanding of the community they are serving. As such, MiCHWA recommends replacing the first sentence of this paragraph, “A CHW/Community Health Representative (CHR) is a non-licensed public health provider who facilitates access to needed health and social services for beneficiaries,” to align with the first sentence of the American Public Health Association’s definition of CHWs: “A community health worker is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served.”
Beneficiary Need:
While the policy states that licensed healthcare providers qualified to recommend CHW services are not limited to the list provided, clarification on additional providers and method of recommendation may be helpful.

1. Does this include chiropractors, licensed counselors, dietitians, pharmacists?
2. Are qualifying healthcare providers able to recommend CHW services by standing order?

Covered Services
1. Restricting CHW services to face-to-face encounters only may create barriers for those most in need of accessing these services. Many CHW services, particularly care coordination and system navigation services, are provided effectively over the phone. In bulletin MMP 23-10, the audio-only telemedicine policy section allowing provision of audio-only services seems to include the codes to be used by CHWs, and we would like to confirm that CHW providers adhering to the principles and guidelines established in that policy are not limited to face-to-face encounters. To reduce the occurrence of equity issues, covered services should include audio-only encounters in consideration of the following:
   a. Much of the state lacks reliable broadband access, and costs associated with data plans and devices that are necessary for audio-visual encounters may be prohibitive.
   b. Transportation options are limited throughout the state, particularly in rural areas. Even in areas where public transit is an option, inadequate service or difficulty using the system due to physical limitations may create challenges.
2. It is important for a CHW to be able to bill for the time spent securing resources on behalf of a beneficiary, e.g. calling food pantries, housing partners, etc. Is this covered under the language describing care coordination and system navigation?

Non-Covered Services
1. Clarification of “case management” is needed, as many of the activities listed as “care coordination and system navigation” activities could be considered part of “case management.” Examples of case management for clarity would be helpful in understanding how to distinguish between the two, possibly similar to the crosswalk of the types of CHW services to types of Health Home core services presented in this policy.
2. Clarification of “government or other assistance programs that are not related to improving their health” is needed. Assuming an SDOH approach, can this still include programs related to food, housing, etc.?
CHW Qualifications Criteria

1. This section refers only to eligibility to deliver CHW services and seek reimbursement by meeting the listed criteria, whereas the following “Provider Enrollment” section refers to “certification” and the RFP that has been issued for the registry refers to “credentialing.” Clarifying the difference between these things, or using consistent language throughout the policy, would be helpful.

2. Clarification should be provided regarding how the 1,000 hour experiential learning requirement was determined, in addition to the objective of that requirement.
   a. Other states with State Plan Amendments for CHWs do not require the completion of both training and experiential learning to receive Medicaid reimbursement.
   b. Other non-licensed healthcare professionals in Michigan, such as peer recovery coaches, peer support specialists, and doulas, do not have similar requirements.
   c. Training and certification are meant to ensure that CHWs have demonstrated the competencies necessary for their role, and most training programs already require some form of experiential learning time as part of the curriculum. The policy as written seems to assume that 1,000 hours of undefined experiential learning time equates to a CHW being better qualified to perform their role, which may not necessarily be true.
   d. Requiring 1,000 hours of experiential learning could create barriers for those who complete training and bring value to the CHW role through lived experience that may not be documented.
   e. After the initial 24 months of the policy implementation, with the incentive of reimbursement immediately upon hiring for CHWs who have documented professional or volunteer experience, employers may favor these candidates over those with lived experience. Additionally, this may deter employers from assigning certain roles to new CHWs that they need to learn since they will not be reimbursed.

MiCHWA encourages accepting certification from a core-competency based CHW training program or curriculum in lieu of the 1,000 hour experiential learning requirement.

Provider Enrollment
Assuming the last sentence in the first paragraph is listing examples as opposed to a comprehensive list of organizations and employers included, “i.e.” should be “e.g.”

Reimbursement Considerations

1. Page 7 (under “Service Limitations”) refers to the maximum number of “units” per month – is this the same as the “15-minute increments” described on page 6?
2. Are CHWs able to bill for travel time? This is important in both rural communities and large urban areas, especially if encounters are limited to face-to-face.

3. MiCHWA encourages consideration of rates that match true staffing and administrative costs associated with CHW service delivery.
   a. The Michigan Primary Care Association has conducted an analysis estimating that these costs would require a rate of $15.00 for each 15-minute unit of individual service delivery.
   b. This is likely to disproportionately impact CHWs operating within community-based organizations that do not have existing infrastructure for the administrative burden associated with documentation of services.

In closing, we would like to express our sincere gratitude to the State of Michigan for granting us the invaluable opportunity to provide input and insights on the proposed Medicaid policy. We trust that our detailed comments and recommendations will be thoroughly considered as the policy is finalized. MiCHWA remains committed to advocating for CHWs and the well-being of our communities. We stand confident that our collaborative efforts will lead to the implementation of a policy that truly reflects the vital role of CHWs and ensures optimal care for Medicaid beneficiaries.

Respectfully,

Tressa Liba, MSW, MPA, CCHW  Miranda Bargert, MSW
Executive Director  Policy Analyst
tliba@michwa.org  mbargert@michwa.org