COLORADO
Department of Health Care Policy & Financing

AGENDA
State Medical Assistance and Services Advisory Council ("NightMAC")
Department of Health Care Policy and Financing (HCPF)

Google Hangouts
Virtual

March 27, 2024
6 to 7:20 p.m.

1. Welcome and Introductions

2. Community Health Worker (CHW) Presentation – Morgan Anderson and Alaina Kelley

New Community Health Worker (CHW) Benefit, Senate Bill 23-002

- This bill was passed last May and requires HCPF to four things:
    - Hold four public stakeholder meetings – completed and will discuss the findings of those meetings.
        - We have completed the formal stakeholder process but are still accepting comments.
    - Requires HCPF to seek Federal authorization from CMS or the Centers for Medicare and Medicaid by this July – currently drafting a proposal for CMS.
    - Requires HCPF to leverage the voluntary CHW registry currently housed at CDPHE, and the benefit will go live next July 2025.
    - Requires HCPF to report findings and how the benefit is performing by January 2026.
- What is a community Health Worker (CHW):
    - A Community Health Worker is a trusted liaison or a trusted member in the community that has a close understanding of that community, and this relationship enables the worker to serve as a liaison between health and social services.
        - HCPF has taken the American Public Health Associations definition, and we are using that definition in the proposal.

competence of service delivery.

- When we refer to a CHW it is meant to be an umbrella term by people that may go by several different names, so we consider them health promoters.

- Stakeholder Meetings Requirement, Outcomes Review:
  - Four meetings were held between January to February 2024.
  - Approximately 130 attendees participated in each of the four meetings. With 98 organizations represented from across Colorado.
  - The first two meetings in January 2024 were high-level topics,
  - The next two meetings in February 2024 we discussed: prevention services, medical necessity, potential definitions of CHW services, and supervision (hot topic), building guidance and requirements, CHW agency and enrollment (hot topic).
  - Requesting NightMAC input as well from a provider standpoint to create those resources.
  - What the HCPF team heard in stakeholder meetings:
    - At least 32 states currently authorize Medicaid payment for CHWs in some form. This does not include states that are going through a similar process as HCPF.
    - CMS also encourages states to consider a State Plan Amendment (SPA) or SPA option for federal authority.
    - Common themes that are seen in other state SPAs include health promotion, coaching for health education, health system navigation, and resource coordination.
- Registry Requirement:
  - This is currently housed in CDPHE, HCPF is currently working with them while they are updating their registry and training requirements.
  - Very hot topic among stakeholders, they are very passionate about the potential changes that come along with this and for both CDPHE and HCPF to recognize was on the idea of work experience. So, if you've worked in the field for say (x) number of years, they should be able to use those (x) number of years as a substitute for a recognized program.

- Currently working with CDPHE to discuss this feedback.
- Will have more information in the next few months.
- CSWs can provide community health services in Colorado without being listed on the CDPHE registry, but for Medicaid, we will only reimburse for services provided to Medicaid members by CHWs who are on the registry.
- Community organizations can employe CHWs that are not on the CDPHE registry, but they will not be able to bill Medicaid for the services provided by non-registered CHWs.
- HCPF has resources from CDPHE to provide to NightMAC if requested.

- Definition of CHW Services:
  - One requirement for the SPA is a definition of the services, and three categories were a common theme among other states that received CMS approval:
    - Health promotion and coaching
    - Health education and training
    - Health system navigation and resource coordination
  - Question from Rhonda, Your Good Health CO: Where in this scheme would you put an application?
    - Answer: We have brought this question to CMS and have not received a response yet. Adela and Morgan have talked about this since HCPF runs our own website for health insurance enrollment. That may impact us, but we need to clarify with CMS.
- What referral documentation looked like:
  - HCPF met with several other states, and South Dakota discussed it as follows:
    - Under documentation the referring provider and the CHW agency must maintain the documentation of the referral and they may maintain it in electronic or in writing, and then following the provision of services the CHW should transmit electronically or writing the documentation resulting from the provision of services to the referring provider within a reasonable time frame. In any such transmission the CHW agency should specify grade and if there is a need for additional care or treatment including follow-up care.

- Then upon receiving this transmission the referring provider in South Dakota incorporates the information into the recipient's medical record. And so, each service provided by a team and CHW must be documented. Services that are not documented are considered to not have occurred and are subject to recruitment of payment in the event of an audit.

- Question from Adela, HCPF: What if it is possible that a CHW would not be associated with an agency? So, what happens if there's not an agency that is registered, does the burden shift to the individual or how does that work?

    - Answer: We understand that the CHWs work in a variety of settings and sometimes that is clinical, hospital or a provider type that already enrolls with us. However, for Medicaid we will not have individual patients only within our system and not attached to some sort of group or organization so we can have extra oversight. We do anticipate that there may be someone that is working with a community-based organization. We're hopeful to create a new provider type enrollment for them, but just themselves will not be individual billers in our system and that is consistent with how we treat other provider types like registered nurses.

- Ordering CHW Services and the Supervision of CHWs - HCPF separated this into two categories of ordering and supervision:
    - Ordering:

        - We align with the Federal Regulation under prevention services that says that these prevention services must be ordered by a licensed practitioner: advanced practice registered nurse, the license mental health professional and the physician assistant.

        - Certified nurse midwives – in other states, they are also included as someone who could also order CHW services, so we plan to propose them to CMS as well.

    - Supervision Rule:

        - We define supervision in rule and there are two levels, one as direct supervision and one is general supervision.

            - With direct supervision the supervising provider has to be immediately available on site during the provision of services.

            - General supervision where the supervising provider does not need to be on site, but they need to be immediately available

via telephone or other electronic means during the provision of services. And so, this is how we've defined conversion in rule.

- Health education would fall under general supervision.

- We are exploring what we have seen in other states around flexibility of supervision.

- Coding:
  - Other states have used the self-management education code to reimburse CHWs.
  - The self-management code is essentially self-management education, and education and training the patient.

    - For patient self-management by qualified non-physician healthcare provider or professional using a standardized curriculum face to face with patient for 30 minutes. This can include the caretaker and family member(s) for 30 minutes.
  - Self-management education refers to an individual patient.

  - Education and training the patient refers to the core patients, five to eight patients.

    - Question from Rhonda, Your Good Health CO: So, for the next 30 they add a modifier or is there a different set of codes for the next minutes?

      - Answer: There is a wide variety of limits on these codes. Michigan allows two hours per member per day. Essentially the code can be built four times in a day because 30 minutes per code for up to 16 visits per month total 32 hours per member/per month. In Michigan they could go above that, but it is hard and would have to meet medical necessity to exceed the 32 hours.
  - We have received feedback from CO stakeholders that two hours per day made sense, not going lower than that. So, 10-12 hours per month, but we are open to discussion if the time limits are too restrictive.

    - Question from Leah, Dentist and Representatives: And is that usual and customary in the medical world or how did this come to be?

- Answer: Yes, we do see this as a little bit more common in physical health. It is time-based. So, if the appointment is 60 minutes a provider would build a code twice, and if it goes beyond that time, you go up to two hours a day.

- Medicare recently opened new codes for the civic community health integration services for the CHWs. We are going to add these discussions to meetings with CMS and ask stakeholders.

  - No other State Medicaid agency has used these new codes from Medicare because they are brand new. We want to be aware of where and when it is helpful for providers and where we can align with Medicare. HCPF plans to explore them.

- Discussion:
  - Question, Leah, Dentist and Representatives: So, a patient navigator is also a CHW in Colorado's context?

    - Answer: Yes, we do consider them under that umbrella term of CHW. I think that is probably just going be a little bit of a shift maybe for some people and how they've seen a patient navigator.

  - Question, Leah, Dentist and Representatives: Are promoters also a CHW or is that a separate entity?

    - Answer: Yes, they are under the CHW term.

  - Question, Leah, Dentist and Representatives: Did you ever see a crossover into this very siloed section of healthcare, which is your mouth and kind of using these types of community health workers as an umbrella, in dentistry and have you seen intersection with CDT codes?

    - Answer: We talked to Arizona Medicaid this came up that with dental enrollment you see a DT code and that there isn't really a CHW equivalent code in the CDT code world. And so, Arizona had an interesting solution, and we're very quickly wanting to potentially copy this, of creating a new provider enrollment type and they use the dental enrollment type as the example where this new enrollment for Community Health Worker agency or Community Based organization. We haven't named it yet. You could have a second enrollment type in these codes, and it would be available. So, if you have a community health worker at a dental practice and they're out in the community

connecting the people to fluoride or other, oral health preventative and health education.

- If we create this provider type under dental, you could enroll under that and build for these codes then. So, we thought it was kind of a great way to really bring dental into the picture and so we're heavily exploring it and we plan to bring this up and when we meet and discuss with CMS about it.

3. HCPF Department Updates – Adela Flores-Brennan

Continuous Coverage Unwind

- We have been working with advocates and providers in identifying a significant problem with long-term services and support, and people who are enrolled in home and community-based services.
    - Convergence of some changes we are making to case management agencies and the computer systems that handle case management, along with the renewals and unwind has caused significant delays.
    - HCPF is working on blockages due to county workloads and applications not being turned in on time. We are working on changes and additional resources to address all of this.
        - Provider county funding has been provided to help supplement and support county capacity to navigate the larger number of renewals and eligibility determinations.
        - We have made improvements to the process for assigning members to their new case management agency.
        - We consolidated case management agencies, people had to be reassigned.
        - We have an escalations process.
        - We have teams of people going into some of our counties to help with business process redesign and making sure the renewals are completed correctly.
        - We are enforcing a 50-day extension on renewals and are keeping that open through the end of the year.
    - Because of these various disruptions some providers were not getting paid. We have made provisional provider payments.

Federally Qualified Health Centers (FQHC)

- Discussing financial impact and the numbers of uninsured reaching higher levels than seen in a decade. We are still trying to get to the bottom of whether people are not renewing Medicaid or if they are enrolled elsewhere.
    - Suggestion, Rhonda, Your Good Health CO: I want to suggest reaching out to the home health agencies. Particularly Spark Home Health is heavily invested in home health for folks needing long-term services and support (LTSS), specifically kids' pediatrics so I don't know. I don't know if you've been sending out information to those types of organizations, you mentioned FQHC Healthcare Providers, but I thought Home Health agencies would also a high priority for the community on issues and delays associated with LTSS renewals.
        - Response: Yes, especially with LTSS renewals. We've been leveraging those contacts, and our home health services, and our advocates who are helping and networks of parents etc. So, we are trying to work all angles. Thank you.

Doula Services

- We will be adding doula services this summer. in addition to certified nurse midwives, we will be adding certified professional midwives.
- There are three different types that we have in Colorado.
- Hopefully establishing a lactation consultation benefit.
- Working toward our expansion of benefits to people who do not have a qualifying immigration status.
    - Question, Rhonda, Your Good Health CO: We have the Omni Salud program that allows a limited number of people to enroll in Colorado option plans through Colorado Connects and obtain silver enhanced savings which is basically a free silver plan if they qualify. How will we transition people from Omni Salud to Cover all Coloradans?
        - Answer: We have been meeting every two weeks with the division of insurance and Connect for Health Colorado to work through as many of the scenarios that we can contemplate right now because of this very issue. It may have the effect of creating more spaces for Omni Salud so that more people can get in, but not sure if there's a process established for that right now. We need to determine how to advise people and kids.

Budget Updates

- Our targeted rate increases were approved above most of the HCPF requests that the department made with some exceptions.
- The Joint Budget Commission (JBC) approved 129 new enrollments for our

developmental disabilities Weaver. They did reduce the 7-million-dollar general fund increase for the primary care fund by 500,000.

4. Final Thoughts

Agenda Items

- Presentation or conversation around the discrepancies between the link system and CBMS and how the department is currently tackling those complexities and disconnects.
    - Rhonda, Your Good Health CO, to send examples to Adela.
- Debrief on the budgetary shortfall in Colorado. What are the anticipated impacts on the patients we serve?
    - Question, Leah, Dentist and Representative: Is there a place where we can look at other services that were impacted collectively as a group and perhaps share insight and suggestions on how to maintain for better networks and how not to have a budget shortfall?
    - Answer: Yes, I think that would be a great use of time and maybe what we would want to do is bring in just for continuity bring in some of our rates team as well. So, bring in rates and budget folks'.

Adjourn 7:07 p.m.

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