



May 5, 2023

Sarah Fertig
State Medicaid Director
Division of Health Care Finance
Kansas Department of Health and Environment
900 SW Jackson St., 9th Floor
Topeka, KS 66612

Dear Director Fertig:

Thank you for your leadership and the efforts of the Kansas Department of Health and Environment (KDHE) to develop a proposed Community Health Worker (CHW) state plan amendment (SPA). As organizations working in partnership to improve the health of all Kansans, we are invested in the success of the CHW profession and applaud the support demonstrated by the Division of Health Care Finance.

As you know, CHWs – also referred to as health navigators, promotor(a)s, advocates, and educators – are community members trained to work with the local health care and social services systems to bridge the gap between these systems and their clients. CHWs can and do play a valuable role in helping clients, especially KanCare enrollees, improve health and gain better access to services.

Leveraging the experience and insights contributed by a dedicated workgroup of partners and stakeholders – including CHWs – we have identified improvements needed to develop stronger reimbursement strategies and flexible supervision models central to expanding and sustaining CHWs as essential members of the care team.

We greatly appreciate the opportunity to offer comments on the SPA in these areas, as well as the great value of future collaboration.

Expansion and flexibility of reimbursement in community-based settings

The work of CHWs ensures clients receive access to needed health, social, and community services. Unlike many members of the health care team, CHWs often see clients outside the walls of healthcare facilities, working in the community and even making home visits. In doing so, CHWs can serve as the eyes and ears of the health care team.

Reimbursement that reflects the broad reach and versatility of CHWs will increase their effectiveness and the benefits they bring to the communities they serve. Many CHWs may be supervised by provider types not mentioned in the SPA, including dental providers, nurses, and social workers. Also, many CHWs work at community-based organizations (CBOs) and facilities such as Federally Qualified Health Centers (FQHCs). Without expanding who can supervise CHWs and explicitly allowing for CHWs working in credentialed facilities including CBOs or FQHCs, we may be excluding a significant portion of the CHW workforce from serving Kansas Medicaid enrollees.



To better ensure a broad array of providers can supervise CHWs, we recommend that you broaden the language in the SPA defining who can supervise a CHW to read: “A CHW can be supervised by a KDHE approved provider.” Using this language would allow KDHE the flexibility to make specific changes to the list of approved providers as the need arises.

Recognizing that CHWs are often delivering care in the community and are often employed by CBOs, we would encourage you to explicitly state that CBOs could be credentialed by KDHE for Medicaid reimbursement for the CHWs they employ, or they could enter into a collaborative agreement with another provider or FQHC to bill for CHW services. We would encourage you to include this in the provider manual to ensure that CHWs are able to reach the broadest number of Medicaid beneficiaries.

Fair and adequate reimbursement for CHWs

The role and work of CHWs is foundational to helping underserved Kansans improve their health. CHWs play a crucial role in helping underserved patients, including those enrolled in KanCare, navigate our fragmented health care delivery system. It is critical to provide appropriate reimbursement to ensure that it is financially viable to employ CHWs and to provide adequate compensation.

CHWs are predominately female and persons of color, who share ethnicity, socioeconomic status, and geography with the marginalized communities they serve. CHWs are disproportionately affected by inequities, often experiencing many of the same barriers to health and healthcare as their clients. As a result, CHWs have a unique professional *and* personal stake in improving health outcomes, representing the voices of both provider and patient/community members.

How employers/providers are reimbursed for CHW services will impact the ability of providers to utilize CHWs. The payment rates will also impact how much CHWs will earn. Ensuring CHWs are compensated fairly will avoid perpetuating inequities and ensure they can continue to do this important work.

To determine how states reimburse CHWs and rates that could support sustainability, we would encourage KDHE to look to states such as Minnesota, South Dakota, Rhode Island and California.

Robust partnership

Policies are always better implemented in partnership with those directly involved, which is why it is recommended that KDHE partner with CHWs, CBOs, provider/employers, and philanthropy to develop key implementation tools – provider manual, technical guidance for providers, and trainings for providers.

Over the last four years, a broad group of stakeholders convened by the Health Fund in partnership with Health Forward Foundation and KDHE on CHW challenges such as credentialing and payment policy. Our hope is that KDHE can continue to partner with a broad group of stakeholders on implementation strategy to ensure that the benefits of CHWs are able to be fully realized. A fully informed implementation strategy that is co-designed with stakeholders will create the policies, procedures and training needed to advance and sustain the profession in Kansas.

We recommend that partnerships like ours and with those who are directly involved in the CHW profession continue to be the source of direction for improvements to this vital service. Specifically,

we recommend that KDHE, through partnerships, develop key implementation tools – provider manual, technical guidance for providers, and trainings for providers.

CHWs are unique providers and a collaborative, comprehensive approach to implementation is needed to ensure CHWs are effectively integrated into clinical settings. Using CHWs to their fullest capabilities will assist the Department of Health Care Finance’s goal to identify and address social drivers of health and improve health outcomes broadly for Medicaid clients.

Again, we thank you for the work already in progress and look forward to implementing improvements for the betterment of all Kansans.

Sincerely,

A Compass Project

AARP KS

Alliance for a Healthy Kansas

B.E. Education Group, LLC

Better Together, Inc.

Community Health Center of Southeast Kansas

Community Health Council of Wyandotte County

Communities Organization to Promote Equity (COPE) Project

Ellsworth County Medical Center

First United Methodist Church, Holton, KS

Flint Hills Wellness Coalition

Grant County Health Department

Great Plains United Methodist Churches

Hand Up

Health Forward Foundation

Health & Wellness Coalition of Wichita

Heartland Community Health Center

Heritage UMC

Hutchinson Community Foundation
Immigration Support Services Network
KanCare Advocates Network
Kansas Action for Children
Kansas Breastfeeding Coalition
Kansas Citizen
Kansas Community Health Worker Coalition
Kansas Head Start Association
KC Regional CHW Collaborative
Made Men Inc
Nemaha Valley Community Hospital
New Beginnings
Rainbows United, Inc.
Salina Family Healthcare Center
Sedgwick County Health Department
Sedgwick County Health Department – Healthy Babies
The Family Conservancy
Thrive Allen County
Vibrant Health
United Methodist Health Ministry Fund