



Ms. Sally Kozak
Deputy Secretary, PA Department of Human Services
625 Forster Street
Harrisburg, PA 17120

September 29, 2023

RE: Response to the Pennsylvania HealthChoices draft contract for calendar year 2024.

Dear Deputy Secretary Kozak:

The **Pennsylvania Community Health Worker (CHW) Collaborative** (“Collaborative”) is pleased to provide comments on Exhibit B5 of the proposed Pennsylvania Physical HealthChoices contract for calendar year 2024. The Collaborative is a statewide coalition that facilitates active collaboration, education, advocacy, and support for Pennsylvania (PA) CHWs. With over 300 members consisting of CHWs, payers, community-based organizations (CBOs), health systems, Federally Qualified Health Centers (FQHCs), community health centers, health care providers, and funders, the Collaborative prioritizes CHW leadership and decision-making to advance its mission. Since 2020, the Collaborative’s CHW sustainability committee, consisting of over 51% CHW membership, has focused primarily on advocacy to support the authorization of payment for CHW services through the PA Medical Assistance program. This committee has also led the effort to develop the comments below that address the following excerpt from Exhibit B5 from the proposed 2024 HealthChoices contract:

"The PH-MCOs must use CHWs as part of their community-based care management team."

"The PH-MCO may use CBCM funds to employ PH-MCO staff only if those staff will perform approved activities that provide face-to-face CBCM services."

We applaud DHS for taking this groundbreaking step to require that PA PH-MCOs fund and support CHW positions across the Commonwealth. We appreciate the recognition of CHWs as individuals who improve health outcomes, advance health equity, reduce barriers related to unmet health-related social needs, reduce healthcare spending, and coordinate care that provides vulnerable individuals with whole-person support. Along with the state plan amendment in development, the new requirement for MCOs to fund CHWs will be transformative in addressing our efforts to secure sustainable financing for CHWs in PA. Through our statewide advocacy, we found that over 50% of CHW positions in PA are funded by short-term grants, and only 10% are funded by Managed Care Organizations (MCOs), making long-term planning and continuity of programming tenuous (2023 PA CHW Employer Survey, n=100).

After a review of the proposed language, we have developed the following comments and recommendations for your review and consideration:

1. CHW Definition: We understand that a CHW definition is not referenced in this draft document; however, definitions of other professions are included in the defined terms. We recommend that the Pennsylvania Certification Board definition be included in the contract, especially due to the varying interpretations of the profession: “A Community Health Worker (CHW) is a trusted individual who contributes to improved health outcomes in the community. CHWs serve the communities in which they reside or communities with which they may share ethnicity, language, socioeconomic status, or life experiences.” We appreciate the recognition of shared life experiences in this definition and believe there are many opportunities for PA CHWs to educate MCOs about the many unique characteristics of CHWs that set them apart from other professions.
2. CHW Certification: We understand that CHW certification is not referenced in this document; however, certification is referenced for other non-licensed professionals such as doulas. We recommend including the following language in the definition: “Qualified CHWs may include, for example, CHWs with approved certification from the Pennsylvania Certification Board as a Certified Community Health Worker.”
3. MCO Employment: We are concerned about the potential implications of the following sentence: "The PH-MCO may use CBCM funds to employ PH-MCO staff only if those staff will perform approved activities that provide face-to-face CBCM services." Community-based care management dollars should be reserved for the community-based organizations and other CHW employers that are already embedded and integrated into our communities. Starting new programs within limiting MCO structures will be detrimental to the CHW programs that already possess established, trusting relationships within the communities they serve. Allowing MCOs to use these dollars to employ their own staff defeats the purpose of funding community programs that are best poised to address the social drivers of health. Additionally, the employers that MCOs do currently contract with to fund CHW positions are at risk of losing funding for their CHW programs if the MCO can simply employ CHWs themselves. Many MCOs also have incorrect interpretations of the CHW role, placing CHWs in call center and case management settings, as opposed to in the community, making this new allowance even more concerning.
4. Service Setting and Availability: We recommend that service settings should be clear and that at least 75% of services should be provided face-to-face in home, community-based, and audio/visual settings. We recommend a statement that ensures CHW services are made available to anyone in need of CHW services, including, but not limited to, individuals experiencing barriers related to the social drivers of health. This statement may also be helpful for Exhibit B7 that references CHWs as part of the Maternity Care Team.
5. Word Choice: We recommend that the word “use” be changed to “engage” or “mobilize” in the following sentence, "The PH-MCOs must use CHWs as part of their community-based care management team." The word “use” implies ownership and manipulation, and it has a negative connotation when referring to many individuals who already come from disenfranchised communities.
6. Sentence Placement: The second sentence in the excerpt above is placed directly after the sentence about the CHW mandate for MCOs even though the second sentence applies to other professions within the context of the contract such as doulas and care managers. If this sentence remains, we recommend that it be moved to a more neutral part of the contract and not directly adjacent to the CHW requirement.

Thank you for the opportunity to provide comments and recommendations for the HealthChoices contract for calendar year 2024. Please reach out to Leanna Bird, Sustainability Committee Co-Chair at the Pennsylvania Community Health Worker Collaborative (leanna.bird@ahn.org) if you have any questions or if we can be of further assistance.

Sincerely,

Pennsylvania Community Health Worker Collaborative