Dr. Valerie Arkoosh, MD, MPH
Secretary, PA Department of Human Services
625 Forster Street
Harrisburg, PA 17120

January 2, 2024

RE: Response to Bridges to Success: Keystones of Health for Pennsylvania Medicaid Section 1115 Demonstration application.

Dear Secretary Arkoosh:

The **Pennsylvania Community Health Worker (CHW) Collaborative** ("Collaborative") is pleased to provide comments on Bridges to Success: Keystones of Health for Pennsylvania Medicaid Section 1115 Demonstration application. 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 waiver:

1. General: While the targeted beneficiaries are described in detail, there are no example provider types listed in the application. CHWs are best positioned to address HRSNs with these populations due to their experience with care coordination for individuals after incarceration, those in need of stable housing, and those who are food insecure. CHWs also most effectively build trust and relationships with these individuals because they leverage their own lived experience to achieve desired outcomes. We want to ensure that CHWs are considered eligible provider types under the demonstration, and that any awarded funding can be utilized in tandem with Medicaid reimbursement and/or the HealthChoices CBCM program. If CHWs are allowable provider types, we recommend that the Pennsylvania Certification Board definition be included in the contract, especially due to the varying interpretations of the profession. Additionally, the application does not outline which organizations are eligible to apply for funding. We recommend that all CHW employers, such as community-based organizations (CBOs), FQHCs, health systems, and community health centers, be eligible to apply. Many CBOs are not currently MA providers, but are often the most likely providers to provide reentry, housing, and food/nutrition supports. If necessary, CBOs should be allowed to enroll as "demonstration providers" to minimize barriers and reduce the amount of funding that would be taken from them due to a required partnership with a MA provider.

   The application states that "DHS will develop a new core HRSN assessment tool based on existing assessments in use within Pennsylvania." Currently, CHW employers utilize a wide range of screening

tools to verify eligibility for services. The development of a new tool should be conducted thoughtfully by including the input and guidance of a diverse representation of CHWs, CHW employers, and Medicaid beneficiaries. PA CHWs believe that short assessments and those that lend themselves to conversation, rather than scripted delivery, are the most effective way to understand the client's situation and build trust. The specificity of eligibility criteria outlined in the application should lend itself easily to a streamlined, short assessment.

Third, we are concerned that the time CHWs spend working with uninsured individuals to connect them to services related to reentry, housing, and food supports, while also trying to enroll them in Medicaid, will not be eligible under the demonstration if they are not Medicaid beneficiaries at the time of service. While we understand that time spent connecting someone to Medicaid specifically would not be funded by the demonstration, CHWs do spend a considerable amount of time working on other care coordination services simultaneously. In 2022, approximately 672,800 Pennsylvanians were uninsured, with these individuals most susceptible to poor health outcomes. CHWs work largely with individuals who are uninsured to 1) provide care coordination services related to HRSNs and SDoH 2) enroll in Medicaid if eligible and 3) support attendance at necessary medical appointments. We recommend a "prior admission" period of 3-4 months for which CHWs could be working on reentry, housing, and food coordination eligible under the demonstration, prior to their client's enrollment in Medicaid. Many people experiencing homelessness, incarceration, and/or food insecurity do not have insurance, making the role of the CHW even more critical to their overall health and wellbeing.

We applaud the inclusion of funding for establishing partnerships and contracts with community-based organizations (CBOs) for service delivery. CBOs represent the top CHW employer in the Commonwealth (39%) and are often best poised to work within communities due to their established trust. We recognize that these kinds of partnerships are helpful for CBO participation in the demonstration; however, we seek clarification on whether CBOs are *required* to partner with healthcare providers to participate in the waiver. We recommend that CBOs have the option to partner with healthcare providers but should not be required to do so to participate and receive funding. Barriers should be minimalized to the greatest extent possible for CBOs, as they may not have the experience nor capacity to participate in such programs otherwise.

Lastly, many of the issues addressed in the demonstration are complicated, systemic issues, making it vastly challenging for any care provider to successfully address HRSNs and improve health outcomes. For example, CHWs cannot successfully connect people to housing, if equitable housing within their community does not exist. Likewise, CHWs cannot work with individuals who are incarcerated if correctional facilities do not allow access or communicate with external providers. There needs to be an understanding under the demonstration that providers will only be as successful as the system allows them to be, and knowing that the Pennsylvania reentry and housing systems are irrevocably broken, we cannot justifiably expect band aids to solve the overarching issues that still need to be addressed.

2. <u>Reentry Supports:</u> Many CHWs work with individuals while they are incarcerated or directly after release, and one common barrier they experience is the lack of communication between jails/prisons and community care providers. It takes external organizations or health care providers months, if not years, to gain regular access to correctional facilities, and even once there is access, the release can be unexpected and unplanned. The true moment of transition is when and individual walks out the door upon release, but much of the preparation work could be done beforehand during incarceration if there were a simpler process to garner CHW access.

   Collaborative CHWs working with the reentry population spoke with clients about their biggest barriers transitioning back into society, and all clients noted that employment was key to their success. Client A stated, "The biggest worry is securing employment/income, reconnecting with children/family, and

staying away from my old neighborhood that had a negative influence […].” Client B stated “The biggest barrier is typically discrimination in the workplace and exclusion because of background checks. Even though jobs are available, they are limited.” Client C stated that “[…] parenting classes, job fairs that are exclusively for ex-cons, community support, government funding for education/trades/vocations, and starting as much of the transitioning process as possible before release” would help to eliminate many barriers related to reentry.

While we understand that alternate, potential funding exists to assist correctional facilities with employment assistance, we still believe that employment coordination should be a covered service under the demonstration. Approved PA Certification Board CHW training could be offered inside the jail to provide meaningful, potential work experiences after release. Many CHW employers have already hired individuals with criminal records due to their lived experiences that will position them to help others experiencing incarceration. We also understand that legal assistance to expunge misdemeanors is critical to the long-term employment success of these individuals, and the coverage of employment and expungement services will lead to long-term sustainability and lessen the chances of recidivism. Both employment and legal services should be included in the covered services under the demonstration.

3. Housing Supports: We are seeking clarification as to how the demonstration defines “homelessness.” To improve service delivery, we recommend that the definition of homelessness under this demonstration should be broader than the current definition outlined by HUD, especially as it relates to the HRSN assessment tool in development. We seek clarification as to whether a maximum amount exists for the one-time transition start-up services, especially knowing that transition can be very costly.

4. Food and Nutrition Supports: From CHWs’ personal and professional experience, access to healthy foods does not always mean individuals will eat those foods. In other words, food distribution alone will not lead to long-term, positive health outcomes. Covered services should include ongoing nutrition education and health promotion through telephone or home visits, and services should be provided by a person with lived experience who has made relevant lifestyle changes. The person providing support should use a person-centered approach and work with the client to set goals, showing how to shop for groceries, engage in physical activity, and determine what foods would be best for a specific chronic disease.

   It is unclear from the application whether CBOs, such as food pantries, can participate in the demonstration if they do not have access to personal health information. If a partnership with a healthcare provider is required for participation, there should be an understanding that this form of health data-sharing contract could take years to develop, if a healthcare provider is willing to contract with a CBO in the first place. We seek clarification on what diet-sensitive conditions are included in coverage and how these conditions will be determined. Services could potentially be delayed for months if a formal diagnosis is required to engage in care. We also recommend that health outcome tracking not be required to provide covered food and nutrition support services.

Thank you for the opportunity to provide comments and recommendations for Bridges to Success: Keystones of Health for Pennsylvania Medicaid Section 1115 Demonstration application.

Sincerely,

Pennsylvania Community Health Worker Collaborative