

Goal#1: ASSESS CONTEXT FOR CHW FINANCING IN STATE

SMART Objective #1: SIM (standardized approach for assessment of CHW model integration into existing projects)

SMART Objective #2: 1115 (standardized approach for assessment of CHW model integration into existing projects)

SMART Objective #3: State plan amendment

SMART Objective #4: Pay for Success (standardized approach for assessment of CHW model integration into existing projects)

SMART Objective#5: Incentives and Mandates

SMART Objective#6: City, county, state government contracts (look to previous criteria/ask from NY state we used for sustainable finance ask)

SMART Objective#7: Philanthropic (ex: Gail Miller Foundation,

SMART Objective #8: Accountable Care Organizations/Managed Care Organizations (ACOs/MCOs) Healthy U, Molina, SelectHealth, HealthChoice

CONSIDERATIONS:

Overall health system: Medicaid program, managed care, health reform status, etc.


Stage of CHW infrastructure (training, credentialing, occupational definition, scope of practice, core competencies (skills)

Features of stakeholder networks, participation and engagement (state health department, CHWC, UPHA CHW Section)

Key Activities/Tasks	Timeline	Milestones	Data source(s)	Person(s) Responsible
			(could be legislation, potential legislation, reports, white papers, surveys, national orgs (ASTHO, NASHP, CDC 1305 technical assistance CHW implementing strategies, pg. 15)	
SO #1: By March 31, 2018 research and determine if current Utah SIM grant project affords opportunity for CHW reimbursement.				
Define/describe the current SIM in the state of Utah				Anna communicated with Iona Thran and learned that this is currently not an option for CHW funding.
State of CHW integration into health systems	1/1-3/31			
Length of time remaining in current grant cycle, are we reapplying?	1/1-3/31		Utah SIM grant application/approved workplan, progress reported	

SO #2 By March 31, 2018, research other state Medicaid 1115 waivers that cover CHWs to find the approved language used in these waivers for CHW reimbursement.

State of CHW integration into health systems	1/1-3/31			Greg
Changes in payment systems: <ul style="list-style-type: none"> ● Fee-for-service ● Capitated, global, bundles payments ● Value-based, shared savings/risk payment arrangements (most incentivizing) 	1/1-3/31			Greg
1115 Waivers (including DSRIP, dual eligible)	1/1-3/31			Greg
SO #3 By March 31, 2018, research other states' State Plan Amendments that cover CHWs to find the approved language used for CHW reimbursement.				
State of CHW integration into health systems	1/1-3/31			Greg
State Plan Amendments <ul style="list-style-type: none"> ● Process, Reach/Impact, Sustainability ● Health homes ● Defining CHWS as a class of providers (MN) 	1/1-3/31			Greg
SO #3 By March 31, 2018, research Utah's State Plan Amendment to identify areas that could cover CHWs and develop language and timeline to pursue CHW reimbursement.				
Identify process for State Plan Amendment updates/changes in Utah	2/8-2/28			Greg, Ginger
Review Utah State Plan	2/8-2/28			Anna, Jen, Brittany G? Greg?
Context for state action (UT) based on Peer Support Specialist experience	2/8-2/28			Anna, Jen, Ginger
Map out the course taken for Peer Support Specialist integration into SPA	2/8-2/28			Ginger
SO #4 By March 31, 2018, research pay for success as an option for CHW reimbursement				
Meet with National Pay For Success Office to learn about Pay for Success model and brainstorm potential application for CHW funding.	11/2017			
Research Pay for Success projects to get examples of projects that work	1/1-3/31			Leonel Nieto
Meet with potential investors to gage interest in pay for success models for CHWs.				
SO #5 By March 31, 2018, determine opportunities for incentive-based contracting with Utah ACOs.				

Research incentives and mandates including CHW language in other state MCO contract language.				
Research current Utah ACO incentive and mandate language to identify opportunities for CHW reimbursement.	1/1-3/31			
Changes in payment systems: <ul style="list-style-type: none"> • Fee-for-service • Capitated, global, bundles payments • Value-based, shared savings/risk payment arrangements (most incentivizing) 	1/1-3/31			
SO #6: By March 31, 2018, research Utah city, county, and state government contracts to explore funding opportunities for CHWs.				
State of CHW integration into systems	1/1-3/31			Leonel Nieto
Look at the focus of the CHW project that is being contracted (health care, homelessness, housing, etc), where the funding is coming from, etc.				
SO #7: By March 31, 2018, explore philanthropic opportunities for CHW reimbursement.				
State of CHW integration into health systems	1/1-3/31			Jen
Research other state examples of CHW programs funded by philanthropic sources.				
Research Utah philanthropic organizations to assess where potential funding could come from for CHW projects.				
Meet with potential Utah philanthropic organizations to assess interest in funding CHW programs.				
SO #8: MCO/ACO				
Changes in payment systems: <ul style="list-style-type: none"> • Fee-for-service • Capitated, global, bundles payments • Value-based, shared savings/risk payment arrangements (most incentivizing) 	1/1-3/31			
MCO contracts	1/1-3/31			

<ul style="list-style-type: none"> 1) Some states now require use of CHWs for care coordination (NM, OR) 2) Plan must describe role of CHWs in patient education and list CHW services in benefit package 				
<p>Healthcare delivery reform:</p> <ul style="list-style-type: none"> 1) Care coordination-complex patients, chronic disease management 2) Social determinants of health-low-income, underserved populations 3) Building connections-clinical and community 4) Integration of behavioral and physical health 5) Population health 	1/1-3/31			
Internal financing by providers	1/1-3/31			
FQHC Prospective payments	1/1-3/31			
<p>Global or other alternative payments</p> <ul style="list-style-type: none"> 1) Bundled payments for episodic or encounter based payments 2) Supplemental enhanced payment for specific purposes (per member per month wrap-around services for target populations). 	1/1-3/31			
<p>Medicaid administrative payments</p> <ul style="list-style-type: none"> 1) States and providers have flexibility 2) Common for health plans to employ/pay for CHWs as administration expense 3) CMS open to treating CHWs as cost of quality improvement efforts 	1/1-3/31			
SO #9: By March 31, 2018, explore opportunity to collaborate with UHIN to collect clinical data for CHW projects to showcase the cost savings of using CHWS.				
<ul style="list-style-type: none"> 1) Set up meeting with UHIN to discuss potential project. 	1/1-3/31			Leonel and Anna
SMART Objective:				

SMART Objective:

Key Activities/Tasks	Timeline	Milestones	Data source (could be legislation, potential legislation, reports, white papers, surveys, national orgs (ASTHO, NASHP, etc.)	Person(s) Responsible

Goal#2: IDENTIFY AND PURSUE STRATEGIC OBJECTIVES

~~SMART Objective: SIM~~

SMART Objective: 1115

SMART Objective: State plan amendment

SMART Objective: Pay for Success

SMART Objective: Incentives and Mandates

Key Activities/Tasks	Timeline	Milestones	Data source (could be legislation, potential legislation, reports, white papers, surveys, national orgs (ASTHO, NASHP, etc.)	Person(s) Responsible
Identify targets-who has decision-making power				
Learn about their needs and interests				
Choose concrete objectives based on those needs and interests				
Clarify priorities involving: 1) State or institutional policy (Medicaid 1115/SPA, ACOs, government contracts (incentives/mandates) 2)				Greg for Medicaid 1115/SPA; (get Levitt info related to ACOs)

Goal#3: Pursue prioritized strategies

SMART Objective: **SMART Objective:**
SMART Objective:

Key Activities/Tasks	Timeline	Milestones		Person(s) Responsible
Presentation to MCAC in May				
Success stories from employers				
Education and assistance on successful implementation				
Incentives				
Mandates				
Showing employer commitment to integration of CHW model				
Persuading other employers				
Employer confidence in qualifications (certification)				
Opinion leaders				
Peer testimonials				
Training opportunities for CHWs at low cost, supplemental training opportunities for CHWs in areas employer sector most concerned with (behavioral health, diabetes, HTN, etc.)				
Grand rounds training for providers				
Show successful models, how to integrate CHW into team based care				