



## Traditional Health Workers and Health-Related Services

### Background

Health-related services (HRS) began in 2013 with the inception of Oregon’s Coordinated Care Organizations (CCOs). The history of HRS and how it has evolved is further detailed in the [HRS Brief](#). HRS are defined as non-covered services under Oregon’s Medicaid State Plan that are not otherwise administrative requirements and are intended to improve care delivery and overall member and community health and well-being. One of the purposes of HRS is to give CCOs a specific funding mechanism within their global budgets to address the social determinants of health (SDOH), including the health-related social needs of their members.

For CCOs to use federal Medicaid funds for HRS, they must comply with state and federal criteria. This guide focuses on how traditional health worker (THW)-related services and supports can qualify under the requirements for HRS detailed in Oregon Administrative Rule (OAR) and Code of Federal Regulations (CFR). For a full definition of HRS, CCOs should rely primarily on the [OHA HRS Brief](#)<sup>i</sup> and OARs [410-141-3500](#)<sup>ii</sup> and [410-141-3845](#).<sup>iii</sup> The federal regulations ([45 CFR 158.150](#)<sup>iv</sup> and [45 CFR 158.151](#)<sup>v</sup>) should be used for supplemental CCO guidance only.

The guidance defines Oregon’s use of HRS for THWs. It also differentiates the between use of HRS and in lieu of services for THWs. Additional HRS guidance and technical assistance around THWs as well as other topics can be found on OHA’s [Health-Related Services](#) webpage.<sup>vi</sup>

### Traditional Health Workers in Oregon

THWs are defined by the OHA Equity and Inclusion Division as “trusted individuals from their local communities who may also share socioeconomic ties and lived life experiences with Oregon Health Plan (OHP) members.” Additionally, THWs in Oregon have “historically provided person- and community-centered care by bridging communities and the health systems that serve them, increasing the appropriate use of care by connecting people with health systems, advocating for patients, supporting adherence to care and treatment, and empowering individuals to be agents in improving their own health.”<sup>vii</sup>

Currently recognized THW types include community health workers, peer support specialists, youth support specialists, family support specialists, peer wellness specialists, personal health navigators, and birth doulas. In 2021, a new tribal THW worker type has been added to the existing THW worker types. More information will be available when the Oregon Tribal Nations finalize guidance on tribal traditional health workers. Details for each recognized THW worker type are available on the OHA Office of Equity and Inclusion’s [THW](#) webpage. THW scope of work specific to each worker type is available in the OHA Division of Equity and Inclusion’s [THW toolkit](#). Although THWs are not a new model of community-centered care, they

### Definitions

**Health-related services (HRS):** Non-covered services under Oregon’s Medicaid State Plan that are not otherwise administrative requirements and are intended to improve care delivery and overall member and community health and well-being. The two types of HRS include flexible services and community benefit initiatives, as defined below

**Flexible services (FS):** Cost-effective services delivered to an individual OHP member to supplement covered benefits and improve their health and well-being.

**Community benefit initiatives (CBI):** Community-level interventions that include — but are not limited to — OHP members and are focused on improving population health and health care quality.

do represent an emerging workforce, and both best and promising practices among THWs are evolving. THWs are integral care team members and offer a range of services, including:

1. Providing an SDOH screening that prompts a warm handoff or referral;
2. Providing culturally appropriate health education, information and outreach in a variety of settings such as homes, clinics, hospitals, schools, shelters, local businesses, and community centers;
3. Bridging and providing cultural mediation between individuals, communities and health and human services, including actively building individual and community capacity;
4. Assuring that people have access to the services they need; and
5. Providing direct services, such as informal counseling, social support, care coordination and health screenings; and
6. Advocating for individual and community needs.

## HRS and THW services

To determine whether specific THW services may qualify as HRS, it is important to identify what THW services are covered benefits for CCO members. It is also important to understand the challenges in billing for covered THW benefits and options outside of HRS to address those challenges.

**Each THW worker type has specific services within their scope of work that are covered services for OHP members.** The list of THW services that are covered benefits for OHP members is available in the Health Evidence Review Commission’s [prioritized list of health services](#). CCO obligations are specified in CCO contracts.

**The THW workforce in Oregon continues to grow to meet community needs, but the health system has not resolved the challenges in billing for covered THW services.** For example, for THWs working in clinics, the codes for all covered services may not exist. Also, for THWs working in community-based organizations (CBOs), the CBO may not have the infrastructure to support Medicaid billing.

**While HRS cannot be used for covered THW services, CCOs have the flexibility to offer those covered THW services through in lieu of services (ILOS) and value-based payment (VBP) models.** ILOS are services determined by the state to be medically appropriate and cost-effective substitutes for covered services or settings under the State Medicaid Plan. More information is available on OHA’s [ILOS webpage](#), including a [comparison document](#) that outlines differences between HRS and ILOS. VBPs are payments to a provider that explicitly rewards the value that can be produced through the provision of health care services to CCO members. More advanced VBP models provide flexibility for providers to deliver patient-centered, whole person care. More information is available on OHA’s [VBP webpage](#).

**For THW services that are not covered services, as long as HRS criteria are met and spending is fully reported in Exhibit L, CCOs can consider providing the services through HRS.** There may also be circumstances in which THW services provided through a CBO include both covered and non-covered services. While not required, in these instances CCOs might consider VBPs or blended approaches that include HRS and ILOS to support improved access to THWs and lower administrative burdens to CBOs.

## THW services that qualify as HRS

The table below provides a brief summary of real CCO examples in which THW services could qualify as HRS. These examples will be expanded over time to improve peer-to-peer CCO sharing.

Service	Qualifies as HRS?
Post-partum doula visits to support improved health outcomes for mother and baby. These visits extend beyond the number of doula visits included as a covered benefit for CCO members.	Yes, this is a flexible service

Service	Qualifies as HRS?
Peer support specialist services provided by recovery peers in a peer-run organization that promotes personal growth, recovery, and wellness for the community-at-large. The services provided do not include THW-covered services.	Yes, this is a community benefit initiative
CBO provides non-covered peer counseling and THW services to houseless community wide individuals and families in a safe living environment. Services provided support short- and long-term goals towards stable housing and self-sufficiency.	Yes, this is a community benefit initiative
Peer Support Specialist (PSS) teams embedded in community programs that deliver non-covered housing education services during one-on-one meetings and home visits. The PSS teams create individual plans that help provide household education on a variety of topics that can vary from daily education and support for mental health and addiction to long-term goal setting and budgeting to help build household stability.	Yes, this is a community benefit initiative
CBO that provides a culturally specific response to help reduce toxic stress among Latino families in rural regions of the county. The program utilizes Community Health Workers (CHWs), partnerships with local organizations, and evidenced-based curricula. The curricula focuses on suicide prevention and family resilience.	Yes, this is a community benefit initiative
Training for PSSs who provide case management services that help members overcome housing and self-sufficiency barriers.	<b>Maybe:</b> If the PSSs provide covered services, this is not HRS. Training for providers of covered services is an administrative expense. Training for THWs that do not provide covered services may be considered HRS, as long as the training otherwise meets HRS criteria.
CCO member outreach care coordination program consisting of teams of CHWs and social workers. The teams conduct home visits for members and aim to improve health outcomes by addressing social determinants of health.	<b>No:</b> As described, this includes covered services and contractually required member care coordination. Additionally, HRS cannot be used to pay for CCO staff.
Grant for a CHW organization that provides covered services to develop capacity for non-covered services. The funding also builds infrastructure for sustainable hiring of CHWs within CBOs.	<b>No:</b> Building infrastructure to bill for covered services and hiring costs are administrative expenses.

## Existing resources on THW billing procedures

Prior to considering HRS use to cover THW services, CCOs should refer to other OHA resources to become familiar with existing reimbursement guidance and current billing structures for THW-related services. OHA’s Equity and Inclusion Division [webpage](#) includes information for health systems, providers and THWs:

1. [OHA Traditional Health Worker Toolkit](#): Provides a comprehensive overview of THW Scope of Practice, guidance on integration into healthcare delivery systems, guidance on contracting with CBOs, and various other THW resources.
2. [Recommendations for Traditional Health Worker Payment Models](#): Highlights recommended payment models to guide CCOs when billing for THW services, sorted by THW certification type.

In addition to the resources above, there are provider tools focusing on fee-for-service reimbursement that CCOs may also find useful. The [tools for OHP providers](#) webpage has guidance on Oregon Medicaid reimbursement for both [Doula Services](#) and [Community Health Workers](#).

## Endnote References:

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- i OHA HRS Brief: <https://www.oregon.gov/oha/HPA/dsi-tc/Documents/OHA-Health-Related-Services-Brief.pdf>
  - ii OAR 410-141-3500: <https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=265499>
  - iii OAR 410-141-3845: <https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=265554>
  - iv 45 CFR 158.150: <https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-B/part-158/subpart-A/section-158.150>
  - v 45 CFR 158.151: <https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-B/part-158/subpart-A/section-158.151>
  - vi OHA HRS website: <https://www.oregon.gov/oha/HPA/dsi-tc/Pages/Health-Related-Services.aspx>
  - vii OHA OEI Traditional Health Workers: [www.oregon.gov/oha/OEI/Pages/About-Traditional-Health-Workers.aspx](http://www.oregon.gov/oha/OEI/Pages/About-Traditional-Health-Workers.aspx)