Traditional Health Worker Payment Model Guide

Oregon Health Authority

Transformation Center

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Executive summary

Traditional health workers (THWs) are trusted individuals from their local communities who may also share socioeconomic ties and life experiences with health plan members. THWs provide 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.

This guidance document, developed at the request of coordinated care organizations (CCOs), is intended to support CCOs, community-based organizations (CBOs) and health clinics advance the integration of THWs into health and social care systems. This document includes findings from interviews with CCOs about existing integration of THWs in their systems, case studies of THW payment models from CCOs in regions across the state and a review of various THW payment models. Guidance to support THW fee-for-service billing in tribal communities is under development and will be shared upon completion.

CCO current efforts and case studies

In May 2023, OHA interviewed CCOs to understand efforts to integrate and pay for THWs across the state. Key findings from this effort include:

Providing support for THWs in community-based organizations

- CCOs are building CBO capacity through supportive funding mechanisms.
- CCOs are developing payment models that support the work CBOs are already doing in their communities.
- Blending payment models can help CCOs customize support for needed services.

Case study 1: Jackson Care Connect and Columbia Pacific's sustainable payment model

Jackson Care Connect and Columbia Pacific CCOs' sustainable payment model pays CBOs with THWs to provide clients with (1) intake services, (2) individualized support/navigation and (3) health education. While intake can be billed as fee-for-service, the CCOs provide a monthly per-member-per-month payment that covers individualized support/navigation and health education.

Case study 2: PacificSource's programmatic payment model

PacificSource offers CBOs an-encounter-based payment rate for one-on-one and group services (group classes, education, support groups, etc.) provided by THWs. This includes an overhead payment amount that covers up to 10% of the overall cost of the CBO's THW program.

Providing support for THWs in clinical settings

- Capitation can provide flexibility for THWs who work as part of a clinical team.

- CCOs have a variety of ways they incentivize clinics to work with THWs.

Case study 3: Advanced Health's additional payments for primary care case management

Advanced Health typically pays primary care clinics through capitated arrangements (HCP-LAN category 4A). Capitation can provide the flexibility for clinics to hire THWs to work as part of a clinical team and take on responsibility for client case management and care coordination. For primary care clinics that provide case management to patients, Advanced Health will tack on an additional capitated amount to support that work, typically done by THWs.

Case study 4: Umpqua Health's incentive payment for clinics that hire THWs

Umpqua Health provides a $10,000 one-time incentive payment to clinics for each credentialed THW they hire. According to Umpqua Health, this incentive payment is meant to support clinics build capacity through initial hiring and integrating THWs, with the goal of improving the THW service sustainability.

Payment models

Many models and funding sources are available to pay for THW services and programs. CCOs can contract with clinical and community-based organizations, including culturally specific organizations, in their service area to ensure THWs are able to effectively serve their community. Typically, a multi-model or braided funding approach is required to fund the full scope of THW practice. Payment models and funding sources, along with their benefits, challenges and key considerations are detailed throughout the report. Considerations for selecting a payment model are also included, along with resources available from OHA and external organizations.

Payment models featured in this report include:

- Fee for service
- Direct employment
- Value-based payment
- Social determinants of health and equity (SDOH-E) spending programs: health-related services (HRS), Supporting Health for All through Re-investment (SHARE) Initiative, and in lieu of services (ILOS)
- Grant funding

Background

About this report

Traditional health workers (THWs) are an integral part of the Oregon health system. There are six types of THWs as defined by the Oregon Health Authority: community health workers, peer support specialists, peer wellness specialists, personal health navigators, Tribal traditional health workers and birth doulas. THWs work in many settings around the state to address health and social needs in their community. Peer support and peer wellness specialists are specialized in the following areas: adult mental health, adult addictions, family support and youth support.

The State of Oregon and the Oregon Health Authority (OHA) are invested in the advancement and integration of THWs as a key strategy to reach the triple aim of better health, better care and lower costs. THWs are crucial to achieving health equity and improved access to care.

This guidance document, developed at the request of coordinated care organizations (CCOs), is intended to support CCOs in the integration of THWs in health care and community settings to provide whole-person care to members. This document includes findings from interviews with CCOs about existing integration of THWs in their systems, case studies of THW payment models from CCOs in regions across the state and a review of the various payment models for THWs. Guidance to support THW fee-for-service billing in tribal communities is under development and will be shared upon completion.

This document was prepared for the OHA Transformation Center by the Oregon Rural Practice Based Research Network.

The Transformation Center is the hub for innovation and quality improvement for Oregon's health system transformation efforts to achieve better health, better care and lower costs for all. The center identifies, strategically supports and shares innovation at the system, community and practice levels. Through collaboration, the Transformation Center promotes initiatives to advance the coordinated care model.

Oregon Rural Practice Based Research Network (ORPRN) is a statewide network of primary care clinicians, community partners and academicians dedicated to studying the delivery of health care, improving the health of Oregonians and reducing rural health disparities. Since ORPRN's start in 2002, they have completed more than 80 funded projects and are nationally recognized for expertise in practice facilitation and implementing patient-centered primary care home practice redesign initiatives. ORPRN's mission is to improve health outcomes and equity for all Oregonians through community partnered dialogue, research, coaching and education.

About traditional health workers in Oregon

Traditional health workers (THWs) are trusted individuals from their local communities who may also share socioeconomic ties and life experiences with health plan members. THWs provide 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.

In Oregon, several specific types of workers fit this broad definition. Types of THWs include:

Community health worker: A community health worker is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the worker to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery.

Peer support specialists: A peer support specialist is an individual with shared lived experience with substance use and/or a mental health condition who provides supportive services to a current or former consumer of mental health or addiction treatment.

a. Adult addictions peer: A person in addiction recovery with two years abstinence who provides support services to people seeking recovery from addiction.
b. Mental health peer: A person with lived experience of mental health who provides support services to other people with similar experiences.
c. Family support specialist: A person with experience parenting a child or youth who has experience with substance use or mental health who supports other parents with children or youth experiencing substance use or mental health.
d. Youth support specialist: A person with lived experience with substance use or mental health treatment who also had difficulty accessing education, health or wellness services who want to strictly provide support services with people under the age of 30.

Peer wellness specialists: A peer wellness specialist is an individual who has lived experience with a psychiatric condition(s) plus intensive training, who works as part of a person-driven, health home team, integrating behavioral health and primary care to assist and advocate for individuals in achieving well-being.
Adult addictions peer: A person in addiction recovery with two years abstinence who provides support services to people seeking recovery from addiction.

a. Mental health peer: A person with lived experience of a mental health condition who provides support services to other people with similar experiences.
b. Family support specialist: A person with experience parenting a child or youth who has experience with substance use or mental health who supports other parents with children or youth experiencing substance use or mental health.
c. Youth support specialist: A person with lived experience with substance use or mental health treatment who also had difficulty accessing education, health or wellness services who want to strictly provide support services with people under the age of 30.

Personal health navigators: A personal health navigator is an individual who provides information, assistance, tools and support to enable a patient to make the best health care decisions. Also known as patient health navigators.

Birth doulas: A birth doula is a birth companion who provides personal, nonmedical support to birthing persons and families during pregnancy, childbirth and postpartum experience.

Tribal traditional health worker: A Tribal THW facilitates the delivery of culturally responsive care to Tribal community members, including using Tribal-based practices.

Learn more about THW types and how to become a THW on the OHA Equity and Inclusion Division website.

Learn more about state policy related to THWs on the OHA THW Legislation and Rules page.

Findings and case studies

In May 2023, OHA interviewed CCO staff to understand the state of partnerships with CBOs and clinics to provide THW services. CCOs have strong relationships with organizations in their communities and many are taking innovative approaches to increase partnerships for THW services and programs.

Providing support for THWs in community-based organizations

Key themes and takeaways:

- CCOs are working to build CBO capacity through supportive funding mechanisms.
- CCOs are developing payment models that support the work that CBOs are already doing in their communities.
- Blending payment models can help CCOs customize support for needed services.

JCC and CPCCO's sustainable payment model

Jackson Care Connect (JCC) and Columbia Pacific CCO (CPCCO) have what they describe as a "sustainable payment model" in place with CBOs in their region including Pathfinder and Rogue Retreat. Under the model, CBOs are paid for providing clients with (1) intake services, (2) individualized support/navigation, and (3) health education when provided by certified traditional health workers. While intake and health education can be billed as fee-for-service, JCC and CPCCO provide a monthly per-member-per-month payment that covers individualized support/navigation. Dave Fife, director of population health for CareOregon, described this system as providing "fee-for-service for the things that are one-offs, and alternative payment models… for the broader navigation and support services we're providing to community members on a regular basis."

To participate in the program, CBOs go through a process that helps them estimate what it costs to provide their services to the population they serve. Applicants estimate the cost of providing an hour of support from a THW, including the salary for that staff member, the cost of supervision, non-direct service time that contributes to the THW's overall work and the organization's administrative costs. CPCCO and JCC then use that rate to guide organizations through each of the service categories they provide and establish a rate for services covered by the alternative payment model. JCC and CPCCO partner with CBOs to provide training and technical assistance as the CBOs transition to this

sustainable payment model, to support them to build capacity and administrative processes to receive reimbursement.
According to JCC and CPCCO, working with CBOs to set a fair rate for their services is a way of honoring the valuable work organizations are providing in their communities. This approach allows CPCCO and JCC to support the culturally sensitive work that CBOs provide, rather than altering services to work within a "one-size-fits-all" payment structure. JCC and CPCCO described this as a process of meeting CBOs where they at, working with them to build capacity and blending payment models to customize support for needed services.

PacificSource's programmatic payment model

PacificSource Community Solutions (PacificSource) offers a "programmatic payment model" to CBOs that deliver programming through THWs. This payment model is designed to support people experiencing challenges with accessing social services related to the social determinants of health. It supports people to become socially involved, plan for appointments, develop skills and model a healthy recovery lifestyle.

The program is offered in Lane, Marion and Polk counties, as well as Central Oregon, Columbia Gorge and the Portland-metropolitan regions. The model includes an encounter-based payment rate for one-on-one and group services (for example, group classes, education and support groups) provided by THWs, with an additional overhead payment that covers up to 10% of the overall costs of the CBO's THW program. According to PacificSource, this model was developed by listening to CBOs and understanding the previous contracting strategy was not sustainable for CBOs long-term. Early in the contracting process, PacificSource conducts a readiness assessment with interested CBOs to better understand the population they serve, the services they provide, their current capacity and their capacity for growth. The program is designed to support CBOs as they build capacity and grow to provide additional services or take on additional clients.

According to Iris Bicksler, senior THW liaison for PacificSource Lane CCO, this ensures the program is scalable and designed to grow with the CBO. If a CBO wants to hire additional staff or bill for additional services because they see the need in the community, they "don't need the permission of PacificSource." According to Bicksler, this means that CBOs can increase capacity, bill additional services and "do the good work." She notes, "It's just part of the reimbursement process." The payment model pays higher rates for community-based services provided by a THW certified by OHA. This encourages noncertified THWs to work toward certification.

Samantha Baker, THW liaison for PacificSource, shares, "We are providing reimbursement for services delivered by folks that don't yet have THW certification, with the intent to support them through the OHA training and certification process within the first contract year." As of January 2024, this model is in its third year with plans to extend additional contracts

Providing support for THWs in clinical settings

Key themes and takeaways:

- Capitation can provide flexibility for THWs who work as part of a clinical team.
- CCOs have a variety of ways that they incentivize clinics to work with THWs.

Advanced Health's additional payments for primary care case management

Advanced Health typically pays primary care clinics through HCP-LAN category 4A capitated arrangements. According to Advanced Health, capitation can provide the flexibility for clinics to hire THWs to work as part of a clinical team and take on responsibility for client case management. This, in turn, can help all providers on the team to work at the top of their licensure. For primary care clinics that provide case management to patients, Advanced Health will pay an additional capitated amount to support that work. The model is promoted and funded based on the assumption that case management will be typically provided in partnership with nurses, who provide medical expertise, and THWs, who can provide more routine case management services.

Umpqua Health Alliance's incentive payment for clinics that hire THWs

Umpqua Health provides a $10,000 one-time incentive payment to clinics for each credentialed THW they hire. According to Umpqua Health Alliance, this incentive payment is meant to support clinics in initially hiring and integrating THWs, with the goal of improving the sustainability of THW services. In designing the incentive program, Umpqua Health Alliance felt it was important to base the incentive payment off credentialing to help to make sure the community had access to certified THWs.

Measuring impact

Multiple program evaluations from around the country show strong evidence of improved quality and decreased costs resulting from the integration of THWs across provider types. However, measuring the impact of THWs in real time is a challenge due to the absence of standardized measures specific to THWs. To understand THW utilization and engagement, CCOs are measuring the:

- number of members served,
- types of services provided,
- submission of member satisfaction survey results,
- participation in the closed loop referral platform Unite Us / Connect Oregon, and
- THW workforce demographics, trainings, and certification.

As the work evolves, CCOs are planning to include quality measures in their metrics.

Payment models and funding streams

Many models and funding sources are available to pay for THW services and programs. CCOs can partner with CBOs, clinics and hospitals in their service area to ensure THWs are able to effectively serve their community. Supporting THW services and programs is essential to a sustainable approach — services are the specific actions THWs offer to CCO members, while programs include the infrastructure THWs rely on to provide those services.

Innovative models detailed in the case studies in the previous section provide insight into the creative approaches CCOs can take when developing programs to pay for THW services. When determining which payment model to use, it is important to consider the needs and capacity for THW services in the community as well as key goals for program implementation. Often, successful payment models will rely on multiple funding streams, known as braided or blended funding, to ensure a comprehensive and sustainable approach.

Summary of payment models

The table below summarizes various payment options followed by additional detail about each option. Each approach is unique and offers both benefits and challenges. Carefully considering some of the following aspects of your community can help determine which approach or approaches may be best suited to your circumstances:

- **Community assets and needs**: existing resources or services, gaps in services or service availability
- **Organizational capacity and needs**: administrative, information technology or systems, contracting and Medicaid billing
- **THW capacity**: number of THWs providing services, populations currently being served by THWs, populations not being served by THWs
- **Demand for THW services**: current use of THW services, anticipated or expected need for THW services, specific populations that may benefit from THW services
- **Availability of funding**: amount of funding available from various sources, frequency of funding availability, sustainability of available funding sources
- **Supervision requirements:** THWs typically require supervision by licensed health care providers (LCHPs), though requirements may vary based on payment model; see more below

THW supervision

To provide services under the Oregon Health Plan, THWs must be supervised by a licensed health care provider (LCHP). The LCHP is responsible for the THWs work, which must be within the LCHPs scope of practice. LCHPs include Physicians, Nurse Practitioners, Physician Assistants, Dentists, Dental hygienists with an Expanded Practice Permit, Ph.D. Psychologists, PsyD Psychologists, LCSW Social Workers and Licensed Professional Counselors.

Additional supervisory requirements may apply to THWs providing behavioral health services. This document will be updated with additional information about these requirements as more information becomes available.

Summary table

Payment type	About	Key benefits	Key challenges	Considerations for partnership
Fee for service	Itemized reimbursement for specific individual services provided.	• Detailed tracking of services via claims data • Data generated supports the case for integration into traditional health systems	• Requires THWs and organizations to track services in specific ways, increasing administrative burden • Limited services available for reimbursement • Organization must have capacity to bill for services	• Benefits realized most efficiently when organization already has Medicaid billing capacity • Third-party billing may expand capacity for organizations to bill for services
Direct employment	Employ a THW as a regular staff member.	• Flexibility to design program and services • Employment benefits for THW • Possibility for THW to be more easily integrated into existing care team	• Funding position in operational or administrative budget may be prohibitively expensive	• Likely requires braiding multiple funding streams • May be employed by the CCO, CBO, clinic or hospital
Value-based payment	Payment to providers that explicitly rewards the value produced by the service to a member.	• Incentivizes quality care provision • Flexible funding to support team-based care • May support CCOs in reaching VBP targets	• Requires quality tracking and reporting between CCO and CBO, may add administrative burden	• Quality metrics for THW services must be defined and tracked

Continues on the following page.

Payment type	About	Key benefits	Key challenges	Considerations for partnership
Health-related services (HRS)	Non-covered services that complement covered services; two types: flexible services for individual members, community benefit initiatives for population health improvement.	• Flexible services can fund continuation of THW services beyond what is covered • Ability to fund THW programs offering non-covered services through community benefit initiatives	• Only for non-covered services • HRS cannot be tied to other administrative requirements • Cannot be used for infrastructure or administrative costs	• May be valuable to define specific services that do qualify as HRS upfront
Supporting Health for All Through RE-investment (SHARE) Initiative	Requirement for CCOs to invest some of their profits into their communities. Investments must address health equity and the social determinants of health and equity (SDOH-E).	• Can be used for THW training and education • Potential for lighter reporting burden on CBOs and THWs compared with other funding streams as individual services may not need to be tracked and reported on	• All funding decisions must be tied to at least one specific domain of the SDOH-E • Often offered to organizations as grant funding, in which case the organization needs to apply for SHARE funds for THW programs	• Understanding CCO process for SHARE funding is important for partner organizations • Funding must align with community health improvement plans and address specific domains of SDOH-E

Continues on the following page.

Payment type	About	Key benefits	Key challenges	Considerations for partnership
In lieu of services (ILOS)	Pre-determined medically appropriate and cost-effective substitutes for covered services, typically in alternative settings or with alternative providers	• Certain THWs can offer certain ILOS services they're not otherwise able to bill for • THWs may provide services outside of traditional settings • CCOs may collect a limited dataset for ILOS claims, reducing CBO administrative burden • THWs may not need clinical supervision to provide ILOS	• Must be developed and approved by the state prior to implementation • Services offered as ILOS must be available to all members who qualify • Currently only available for community health worker services in an alternative setting, and peer services in an alternative setting	• Partnership between CCO and CBO must be developed well before beginning to offer services • CCOs are not required to offer ILOS
Grant funding	Time-limited, restricted or unrestricted funding, often from private foundations or governments.	• More flexibility depending on the grantor • May be paid as a lump sum up front for implementation prior to incurring expenses	• Less sustainable due to time-limited nature of grants • May require research and effort to identify and apply for grant funding	• Grant funding opportunities vary widely in availability, frequency, requirements or restrictions and eligibility

Fee for service

Fee for service (FFS) billing is a traditional, reimbursement-based payment model where pre-approved services are provided to a member, itemized and billed to the CCO by the CBO, clinic or hospital per an existing contract to provide services in a specific manner and setting. THW services must be a part of the member's care plan and be supervised by a licensed clinical provider.

Benefits

- FFS billing generates claims data about THW services, which can help demonstrate their importance to the health care system.
- Data generated from FFS billing supports the case for THW integration into health systems by demonstrating the use of THWs to provide health care services.

Challenges

- Administration and documentation required can be burdensome for CBOs and THWs. FFS claims are frequently billed by specific lengths of time (for example, 15 or 30 minutes).
- Currently limited services are approved for billing by THWs.
- For some organizations or THWs, the reimbursement rates may not be sufficient to adequately compensate the time and expertise of a THW.
- THWs must work with an organization that is able to bill for services.

Considerations for partnership

- Funding to build organizational capacity may be necessary prior to entering a FFS agreement.
- THWs must be certified with the OHA THW Registry to bill for their services. This can be a lengthy process and precludes some individuals with prior involvement with the criminal justice system.
- Third-party billing through a partner organization that is already set up to bill for services may be an opportunity to pursue FFS billing for THWs working for an organization that does not have existing billing capacity.

Third-party billing

Third-party billing is a contract arrangement in which an organization or clinic contracted with a coordinated care organization or other payer bills for services provided by another organization that does not have the ability to bill for services. Both organizations receive benefits from a third-party billing arrangement. The organization with billing capacity often receives a portion of the payment, and the organization providing services can access funding for their services. Typically, the billing organization handles the administrative aspects of billing and sometimes provides clinical supervision to the THWs from the organization providing services.

Key links

- OHA webpage: How to submit claims for fee-for-service billing
- Community health worker fee-for-service billing guide
- Provider enrollment and billing for peer-delivered services
- Billing for doula services

Direct employment

CCOs, clinics, hospitals and CBOs can employ a THW as a regular staff member. Regardless of the employer, it is likely they will need to braid multiple funding sources to hire a THW as a staff member.

Benefits

- Employing a THW can provide increased flexibility to design the program and services to best meet the needs of the community and clients.
- Employment benefits are offered to the THW, which can make the position more appealing and help retain strong THWs and THW services for the organization and community.
- Often, direct employment allows THWs to be more effectively or naturally integrated into existing care teams and structures.

Challenges

- Funding for an employee position in an operational or administrative budget may be prohibitively expensive.
- Braiding funding can lead to challenges with sustainability due to increased administrative burden and potentially mis-aligned timelines for funding decisions or fund distribution.

Considerations for partnership

- Given that multiple funding streams are likely to be braided to fund the position, the employer will want to consider the sustainability of each funding stream and potential impact on the position.
- CCOs may be best suited to hire THWs to work with organizations to reduce the administrative burden on community partners.

Examples of organizations that directly employ THWs include the Transitions Clinic and Orchid Health.

Value-based payment (VBP)

Value-based payment encompasses several categories of payment arrangements, detailed in the toolkit for implementing VBP. CCOs may use various funding sources for a VBP contract, including sources detailed in this document like HRS, SHARE or ILOS among others.

An example of a FFS-based VBP approach is to pay a quality bonus based on measures that can be impacted by THW services. A VBP approach that does not rely on FFS reimbursement could be to determine a capitated payment amount (a lump sum for a given amount of service provision) that is tied to a pre-determined quality metric. Similarly, the amount may increase based on improved quality. CCOs can consider using funds from their quality pool distribution for a VBP arrangement for THW services or programs.

There are two payment models that provide some of the same benefits as VBPs but are not tied to quality: 1) foundational payments for infrastructure and operations and 2) pay for reporting. Both payment models can be paid in addition to FFS or added to a VBP model to provide additional flexibility.

Benefits

- VBP arrangements incentivize improvement in the quality of care provided. Quality metrics can be determined in collaboration with CCO, clinical and CBO partners.
- VBP arrangements support team-based care, can pay for non-billable services, and promote flexibility in where, how, and by whom care is delivered.
- There are many ways to structure VBP agreements, and they can be collaboratively developed to meet the needs and abilities of multiple partners.
- THW VBPs can help CCOs meet annual VBP targets.

Challenges

- There is a lack of standardized measures specific to THWs.
- VBP arrangements require quality tracking and reporting between the CCO and the clinic, hospital or CBO, which may lead to additional administrative burden depending on the quality metric(s) selected.
- Depending on the funding stream used by the CCO, additional requirements or restrictions may be placed on THW services offered through the VBP.

Considerations for partnership

- Quality metrics for THW services must be defined and tracked at the outset.
- Some VBP agreements are risk-bearing and must include a minimum downside risk (reduced payment) if quality goals are not met, which may increase the financial risk to the CBO.

Key links

- About value-based payment
- Oregon's Toolkit for Implementing VBP
- Webinar recording: What do you need to know to negotiate VBP agreements?
- Technical guide to VBP for CCOs

Health-related services (HRS), Supporting Health for All Through RE-investment (SHARE) Initiative and in lieu of services (ILOS)

HRS, SHARE and ILOS are three CCO spending mechanisms that help CCOs more comprehensively address the social determinants of health and equity (SDOH-E). Each program offers distinct pathways to support THW services and community-wide efforts to improve health and well-being.

	HRS	SHARE	ILOS
Benefits	• Flexible services can fund continuation of THW services beyond what covered services offer (for example, additional, non-covered visits with a THW) • Provides the ability to fund THW programs offering non-covered services through community benefit initiatives	• Can be used for workforce development (training and education) for THWs to expand THW capacity in the community • Potential for lighter reporting burden on CBOs and THWs compared with other funding streams as individual services may not need to be tracked and reported on	• Certain THWs can offer certain services they are not otherwise able to bill for • THWs may provide services outside of traditional settings • CCOs may collect a limited dataset for ILOS claims, reducing CBO administrative burden • THWs may not need clinical supervision to provide services under ILOS
Challenges	• Must only pay for non-covered services that meet HRS criteria as outlined in the HRS Brief • Services cannot be tied to other CCO administrative requirements • Cannot be used for infrastructure or administrative costs, including scaling up provider networks	• All funding decisions must be tied to at least one specific domain of the SDOH-E • Often offered to CBOs as grant funding, in which case CBOs need to apply for SHARE funds for THW programs	• Currently only available for community health worker and peer services in an alternative setting • Must be developed and approved by the state prior to being implemented • CCOs must either include the ILOS in their member handbook upon submission or make an amendment to the handbook, which can lead to a longer pathway to implementation

	HRS	SHARE	ILOS
Challenges (continued)	• HRS flexible services are only available to CCO members and not to Open Card members (also known as fee-for-service)		• Services offered as ILOS must be available to all members who qualify, but members cannot be required to utilize the ILOS
Considerations for partnership	• It may be valuable to define specific services that do qualify as HRS upfront to ensure clear understanding of which services can be paid for by HRS	• Understanding CCO process for SHARE funding is important for CBOs; CCOs should publicize SHARE funding opportunities within their community • Funding must align with community health improvement plans and address specific domains of the SDOH-E: economic stability, neighborhood and built environment, education, and social and community health • Some portion of a CCO's SHARE funding must address housing-related services and supports	• Partnership between CCO and CBO or clinic must be developed well before beginning to offer services • CCOs are not required to offer ILOS, so they may not be an option in every community

Key links

- SHARE, HRS and ILOS comparison document
- Spending programs 101 for community partners (template for CCOs)
- HRS webpage
- HRS Brief
- HRS guide to THW services
- SHARE webpage
- SHARE guidance document
- ILOS webpage
- ILOS billing guide

Grant funding

Grant funding is typically time-limited, restricted or unrestricted funding, often from private foundations or governments. Sources for CCO grants might be SHARE or HRS community benefit initiative funds. Grant funding often requires a competitive application process where nonprofit organizations submit applications to fund specific activities or programs.

Benefits

- Grants can sometimes offer greater flexibility, though unrestricted grant funding is rare in most communities.
- Funds may be paid as a lump sum up front, providing funds for implementation prior to incurring expenses.

Challenges

- Often, grants are limited in amount and time frame, leading them to be a less sustainable funding source for ongoing programs.
- Identifying and applying for grant funding can require extensive research and effort, and typically offer no assurances that funding will be provided.

Considerations for partnership

- Grant funding opportunities vary widely in availability, frequency, requirements, restrictions on use of funds and eligibility; understanding the details of the specific funding opportunity is important to ensure the funds are suitable for the proposed THW services or program.
- Communication between CCOs and CBOs is important for grants offered by CCOs.

Key links

- OHA offers grants through various divisions. See more on the OHA Grants and Contracts webpage, or the new Community Capacity Building Funds for health-related social needs providers.
- The Oregon Community Foundation is an example of a foundation that offers grants statewide.
- Grant funding is unique for each community. Google searches and online resources like Candid can help identify grant opportunities in your area.

Additional resources

Many resources are available from both OHA and external organizations that can support CCOs, clinics and CBOs in developing programs to support the integration of THWs. Links to key resources are included throughout the document and below.

OHA resources

Billing guides

Billing guides provide information about standard services and codes for specific types of THWs or programs that may be used to pay for THW services and programs.

- Community health worker fee for service billing guide
- Community health worker Fee-for-service (Open Card) Billing Guide
- Provider enrollment and billing for peer-delivered services
- Billing for doula services
- In lieu of services (ILOS) billing guide

THW training guidance documents and registry

THWs are typically required to participate in specialized training and education, and often must register with the state to receive payment for services through the models described in this document.

- How to become a THW
- THW training programs
- THW registry
- THW continuing education

General resources

- Integrating and Paying for Traditional Health Workers in Primary Care: Provides strategies for integrating THWs in primary care through payment, including VBP, and background information on THWs and evidence of their impact on the quality and of cost care.
- THW Toolkit: Comprehensive review of THWs, THW types including scope of practice and benefits, strategies for integrating THWs into health systems including contracting, recommendations for supervision, and a review of best practices and resources.
- Recommendations for Traditional Health Worker Payment Models (Core Principles): Provides a review of each type of THW, recommendations for payment model characteristics, and a detailed review of common payment model options.

External resources

A variety of organizations and other states offer resources for THW payment models and health systems integration. They may be valuable when considering which approach to take. While many resources are available related to community health workers, fewer resources exist for other types of THWs.

Community health workers

- Community Health Worker Toolkit: A Guide for Employers (2016): Minnesota Department of Health
- Managing Community Health Worker Contracts (2017): Public Health Post
- Diffusion of Community Health Workers within Medicaid Managed Care: A Strategy to Address Social Determinants of Health (2017): HealthAffairs
- Including Community Health Workers in Health Care Settings: A checklist for public health practitioners (2019): National Center for Chronic Disease Prevention and Health Promotion
- Recognizing and Sustaining the Value of Community Health Workers and Promotores [in California] (2020): Center for Health Care Strategies
- Readiness Assessment Tool to Secure Financing for Community Health Workers: Centers for Disease Control and Prevention
- Sustainable Financing Models for Community Health Worker Services in Connecticut: Translating Science into Practice (2017): Connecticut Health Foundation

Oregon Community Health Workers Association (ORCHWA) is the statewide professional association for community health workers. Some ORCHWA resources include:

- ORCHWA Payment Model Guide
- ORCHWA Contracting Model

Peers

- Recovery Support Services for Medicaid Beneficiaries with a Substance Use Disorder (2019): Medicaid and CHIP Payment and Access Commission
- Peer Support Specialists: Connections to Mental Health Care (2022): National Conference of State Legislatures
- How can youth peer support be funded through Medicaid? (2023): Casey Family Programs
- Becoming a Medicaid Provider of Family and Youth Peer Support: Considerations for Family Run Organizations (2014): Center for Health Care Strategies

Doulas

- Current State of Doula Medicaid Implementation Efforts in November 2022: National Health Law Program
- Four State Strategies to Employ Doulas to Improve Maternal Health and Birth Outcomes in Medicaid (2020): National Academy for State Health Policy
- Covering Doula Services Under Medicaid: Design and Implementation Considerations for Promoting Access and Health Equity (2022): Center for Health Care Strategies
- Doulas in Medicaid: Case Study Findings (2023): Medicaid and CHIP Payment and Access Commission

- Getting Doulas Paid: Advancing Community-Based Doula Models in Medicaid Reimbursement Conversations (2023): HealthConnect One
- Community-Based Doulas: State Policy Roadmap (2023): Prenatal to 3 Policy Impact Center
- Changing the Narrative: The Doula Medicaid Reimbursement Storybook (2023): HealthConnect One
- It Takes a Village: Pathways for Achieving Access to Doula Services for Medicaid Enrollees (2022): Georgetown Journal on Poverty Law and Policy
- Tackling Maternal Health Disparities: A Look at Four Local Organizations with Innovative Approaches (2023): National Partnership for Women & Families