

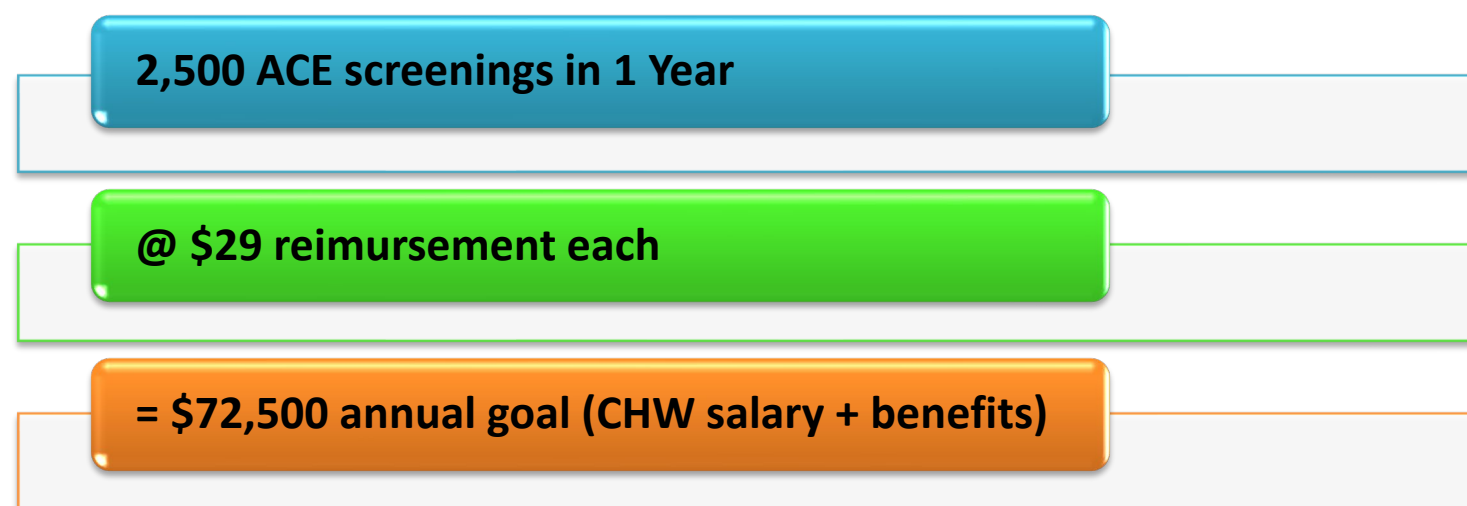
Community Health Worker Sustainability through Adverse Childhood Experience (ACE) Screen Reimbursement

Aliados Health Promising Practice

PROMISING PRACTICE OVERVIEW

Community Health Workers (CHWs) are important Community Medical Centers (CMC) care team members as well as trusted members of the communities served by CMC. Unfortunately, FQHCs are unable to utilize the CHW Medi-Cal benefit, making sustainable funding for these positions challenging. CMC has addressed this challenge by designating the payments they receive for pediatric ACE screenings to support CHW positions included in the ACE screen workflow. ACE screens for children (Pediatric ACEs and Related Life-events Screener, or PEARLS) are reimbursable at \$29/screen annually for pediatric patients, and ACEs screenings are reimbursable once in a lifetime for adults.

Payment for CHWs



AIM

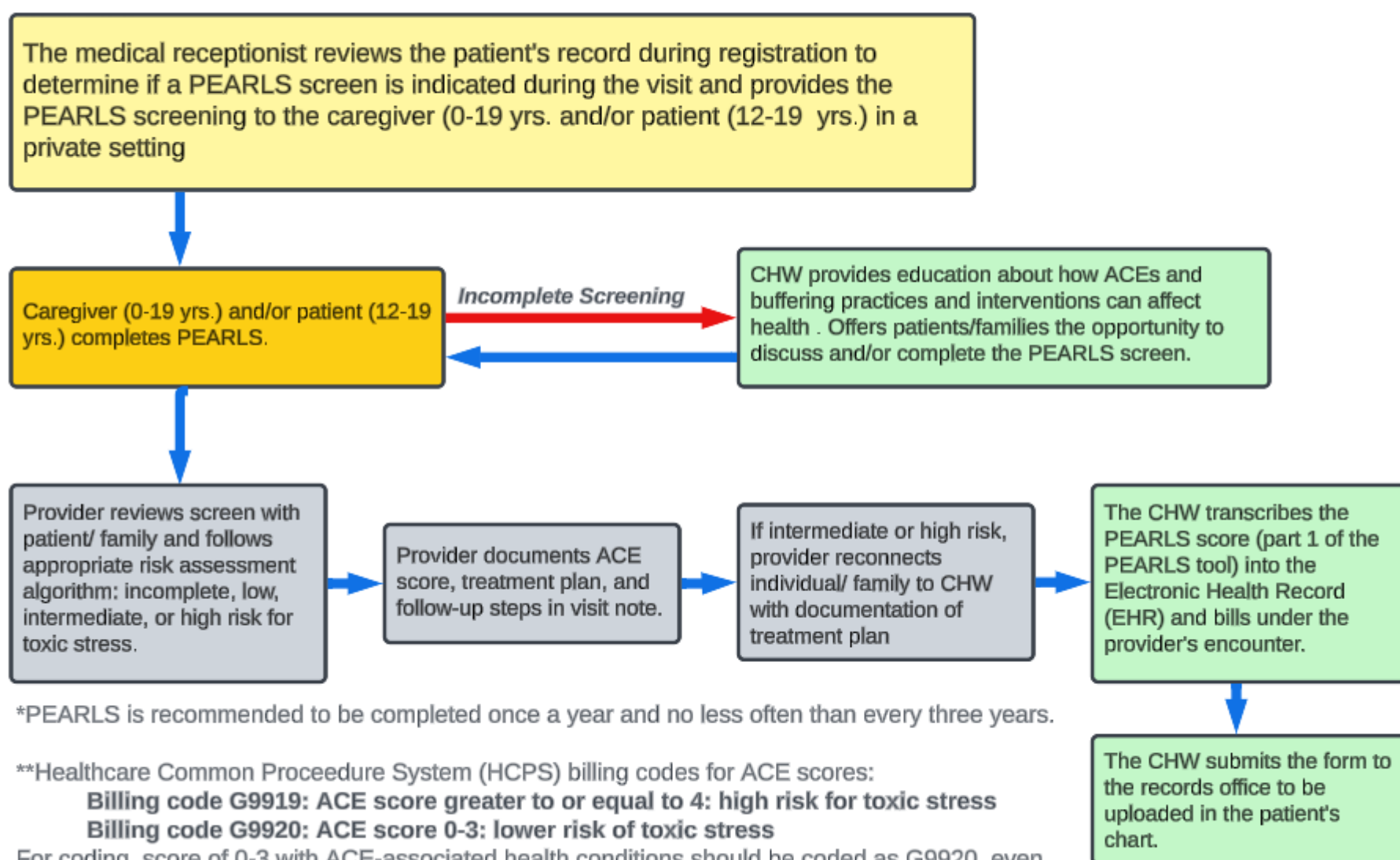
To create a sustainable funding source for CHWs who will screen pediatric patients, prenatal patients, and those in the recovery population for ACEs and provide services and resources to respond to identified ACEs.

MEASURES

- # of CHW-associated ACE screens.
- Medi-Cal payments resulting from CHW-associated ACE screens.
- Linkage rate to services and resources.

WORKFLOW

CMC's Pediatric ACEs and Related Life-Events Screener (PEARLS) Screening Workflow



Next Steps: Aliados Health is working with OCHIN Epic to explore how to do this in Epic.

ACTIONS TAKEN

CMC's Director of Behavioral Health worked with CMC's leadership team to gain buy-in and develop a designation process for ACE screen reimbursement. Reimbursement continues to flow into the "general fund" of the organization; however, finance staff identifies these funds as CHW salary support. To administer ACE screens, CMC's Medical Receptionist, trained in administering ACE screens in a trauma-informed manner, provides a paper screener to all pediatric patients' caregivers who visit the health center for a well-child exam or physical. A CHW is available on-site in the pediatric unit to assist patients and caregivers with filling out the paperwork and to share information about why CMC collects this survey. The front desk receptionist, the CHWs, and the medical providers have all been trained with ACEs Aware curriculum and have a trauma-informed approach.

When a screening comes back high or moderate, the CHW documents screening results and alerts the care team prior to patient meeting with provider. The provider provides trauma-informed engagement, discussion on toxic stress. Provider re-links patient with CHW during same visit for additional education and support, completion of PRAPARE screening, and linkage to integrated support including behavioral health. They transcribe the ACE score and submits a claim for reimbursement through the Electronic Health Record (EHR). CHW places the patient in their caseload and continues to coordinate for patient until mutually identified goals are completed.

The CHW is assigned to two thirds of the pediatricians and their care teams 5 days/ week. The CHW is responsible for 40-45 patients per day, but, typically, not all patients screen positive. The CHW typically has 10-12 encounters per day with 30-minute appointment time slots available for each encounter.

This CHW has also been trained to identify patients who may be eligible for Enhanced Care Management services and refer to these services.

RESULTS TO DATE

Screening workflows and reimbursement strategy seem to be working well. At the end of the year, CMC's finance staff will determine if any of the reimbursement will be subject to reconciliation. Currently, the number of ACE screens designated for CMC's CHW staff's salary are sufficient to cover the cost of the CHW position. CMC hopes to use the ACE screen designation framework to implement an even more sustainable strategy of CHW staff providing Enhanced Care Management services.

Additionally, CMC is seeing positive results with regards to fewer incomplete ACEs screenings and improved referral rates to Enhanced Care Management services for children with high risk for toxic stress.

LESSONS LEARNED

- Developing infrastructure for Community Health Workers within the healthcare setting can be a new experience, and it comes with challenges. CMC found it helpful to develop their initial CHW infrastructure around CHW role, scope, workflow, and care team by using grant funding, initially, to fund the position. Later, with this infrastructure already in place, it was easier to transition to a sustainability model using ACE screening reimbursement.
- CMC learned that having CHWs personalize the screening process and offer continued care, support, and relationship to the families and caregivers helped establish trust for the CHW's wraparound care.
- Having the CHWs embedded as part of the clinical care team helped reinforce patients' connection and relationship to their medical provider.