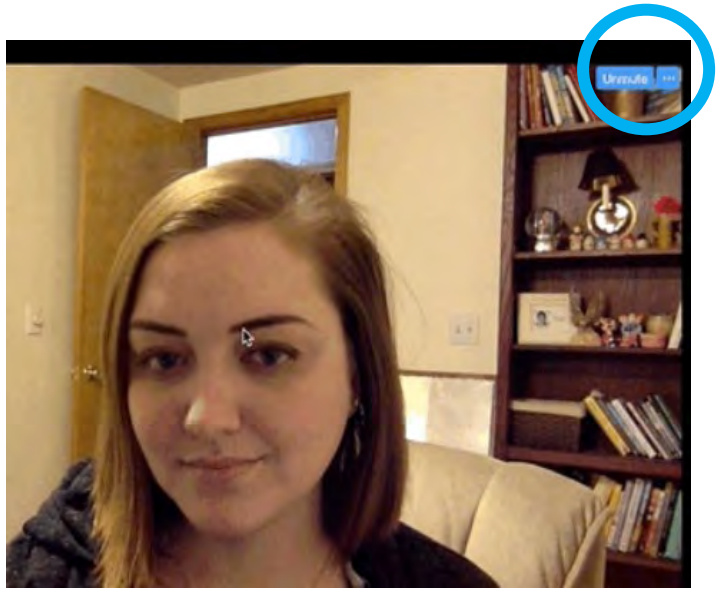
Welcome to the COMM NET Meeting



- ✓**Click the 3 dots in the top right of your image**

- ✓**Select RENAME**
- ✓**Enter…**
  - ✓**First name,**
  - ✓**Pronouns,**
  - ✓**Your organization/agency name**

- ✓If you don’t see your image, check your view settings at the top of the bar and set to see all webcams or Side-by-Side Gallery View
- ✓Please make sure you are **muted,** and your **camera is turned off** if not speaking.

Spotlighted Sign Language Interpreters

For those needing sign language interpreters, we have spotlighted them. Their names are Saamanta and Amanda.

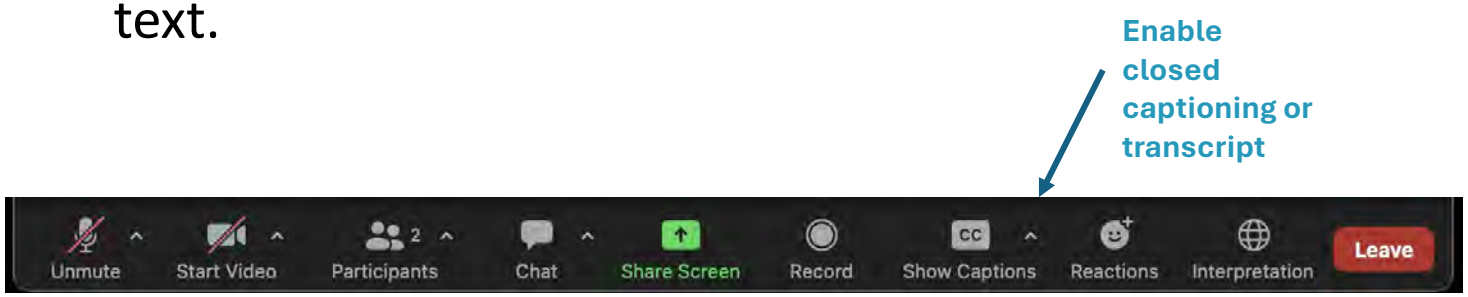
Please send a direct message to them if you have any issues.

During this meeting

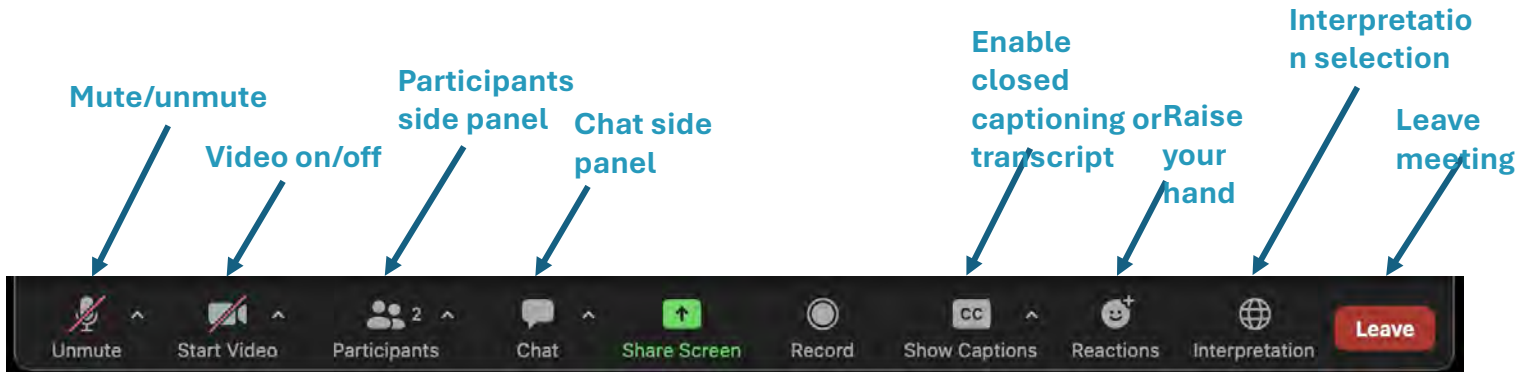
- Speak loudly and clearly
- Speak at a moderate pace
- Please avoid idioms, jargon, and technical vocabulary
- State your name when you start speaking for our interpreters

Captions and Transcript

- To view live captions, click on the menu arrow next to the Closed Caption button.
- Choose from showing subtitles, a full transcript, or both.
- You may adjust the size of the captions if you wish.
- You can also Hide Subtitles if you do not want to see the text.



Zoom navigation



NEED HELP? For help with interpretation or other accessibility concerns, direct message Linda Ramirez.

Thank you, interpreters!

Washington State Department of HEALTH

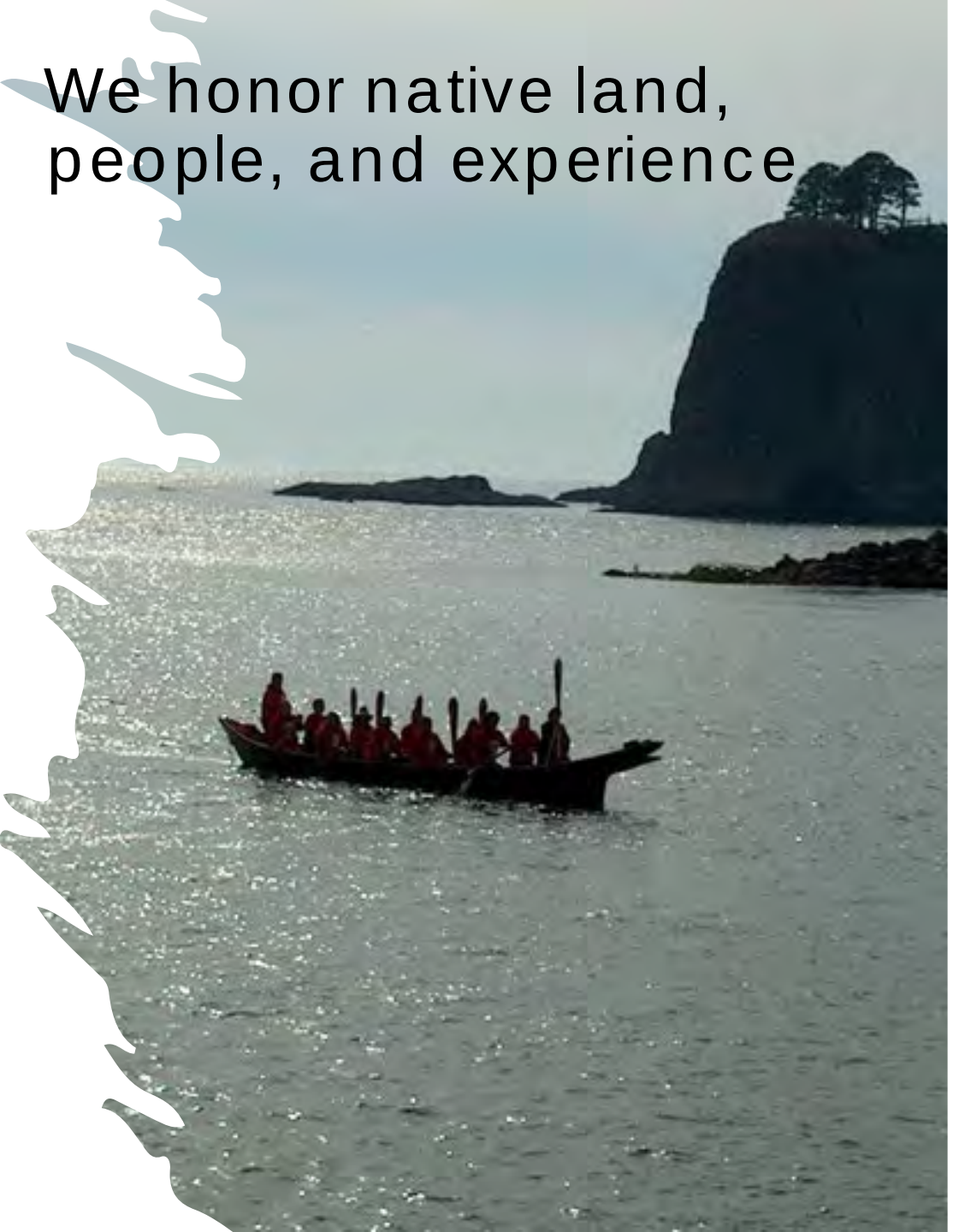
COMMUNICATION NETWORK 4/10/2025

Children and Youth with Special Health Care Needs

Housekeeping Items

- Please list your NAME, PRONOUNS and AFFILIATION in the chat
- **Ice breaker**: What song helps you feel motivated and energized? Or: What is one thing you are looking forward to this spring?
- If you are new, please add your email address in the chat so we can make sure you are added to our future communication network list
- This meeting will be recorded

We honor native land, people, and experience



- The Washington State Department of Health Children and Youth with Special Healthcare Needs (CYSHCN) program recognizes and honor the original occupants and stewards of the land where we all individually and collectively gather.
- Many of us are occupying space from lands that are of the traditional home of the Coast Salish people, the traditional home of all tribes and bands within the Duwamish, Suquamish, Tulalip, and Muckleshoot nations.
- The CYSHCN program honors the survival, the adaptations, the forced assimilation, the resilience and creativity of Native peoples—past, present, and future. We encourage CYSHCN partners to consider their responsibilities to the people and land, both here and elsewhere, and to stand in solidarity with Native, Indigenous, and First Nations People, and their sovereignty, cultural heritage, and lives.
- We also pause to recognize and acknowledge the labor upon which our country, state, and institutions are built.
- We remember that our country is built on the labor of enslaved people who were kidnapped and brought to the U.S. from the African continent and recognize the continued contribution of their survivors. We also acknowledge all immigrant labor, including voluntary, involuntary, trafficked, forced, and undocumented peoples who contributed to the building of the country and continue to serve within our labor force. We acknowledge all unpaid care-giving labor.
- To the people who contributed this immeasurable work and their descendants, we acknowledge our/their indelible mark on the space in which we gather today. It is our collective responsibility to critically interrogate these histories, to repair harm, and to honor, protect, and sustain this land.

**This land acknowledgement is adapted from Seattle Colleges*

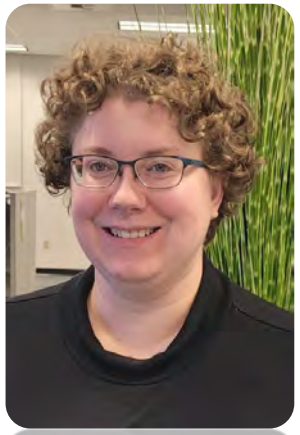
Please share the people you honor of the land you are occupying in the chat
Native-Land.ca | Our home on native land (native-land.ca)

Agenda:

Time	Topic	Presenter
9:00-9:30	Welcome, Agenda, Program Updates	Monica Burke
9:30-10:00	WA Elks Therapy Program	Noam Gaster, MOT, OTR/L
10:00-11:00	Family Perspective: CYSHCN and the Caregiver Experience Complex Nutrition: A Caregiver's Journey	Lianne Caster, MA, JD Sasha Appelbaum, MIT
11:00-11:10	Break	
11:10-12:00	Community Health Worker Medicaid Benefit	Nikki Banks, MPH
12:00-1:00	Open Networking Hour	ALL

DOH-CYSHCN Team:

Monica Burke, PhD
CYSHCN Program Director



Nikki Dyer, MA Ed
Family Engagement Specialist

Linda Ramirez
CYSHCN Communications & Early Childhood Consultant

Khimberly Schoenacker, RDN, CD
CYSHCN Nutrition Consultant

Amanda Simon, MPH, CTRS
Process Improvement Specialist

Program Updates

General Updates

- Learning Journey on Local Health Jurisdiction role in CYSHCN services and systems and CYSHCN Blueprint implementation focused on care coordination continue.
- DOH MCH team are continuing to work with programs on priority and strategy development as part of the MCH Needs assessment
- Next CommNet will be an interactive session focused on these issues

Early Childhood and Communication

- New quarterly GovDelivery CYSHCN Communication Network newsletter! Sign up here: Washington State Department of Health (govdelivery.com)
- Updated Care Coordination Toolkit available on our website
- New materials for Local Health Jurisdiction CYSHCN Coordinators online

Updates Continued

Family Engagement

- Held Family Advisory Council (FAC) meetings in January and March.
- FAC report coming soon.
- Nikki is Family Representative to the AMCHP Board of Directors, 2024-2027.
    - Serving as the Chair of AMCHP's Family Leadership, Education, and Development (LEAD) Committee in 2025.
    - Presented as part of family leader session at annual conference
- Promoting Family Engagement in Systems Assessment Tool (FESAT) use within DOH programs through a FESAT Community of Practice.
- Newly elected as a Family Representative to the AMCHP Board of Directors.
- Sign up for the Washington Statewide Leadership Initiative (WSLI) newsletter

Updates Continued

CHIF

CHIF Office Hours 4th Wednesday of the month at 11am. Upcoming Dates:

- April 23rd, 2025
- May 28th, 2025

New CHIF materials online including:

- CHIF Intake Form
- A decision map: Should I CHIF?
- Release of Information Form
- MFT Instructions
- Data Collection Template (Please note that this document will need to be saved to your computer before imputing data.)

Updates Continued

Nutrition

- Food allergy provider document and eating disorder teen document coming soon!
- Bullying resource page for CYSHCN underway
- Updated Tween 2 Teen resource and focus on healthcare transition (HCT) underway. HCT is the change from pediatric to adult healthcare services and creating more independence for youth


The Washington Elks
Therapy Program for Children, Inc.

Therapist with Edwin Alexander, PSP, 1940-41

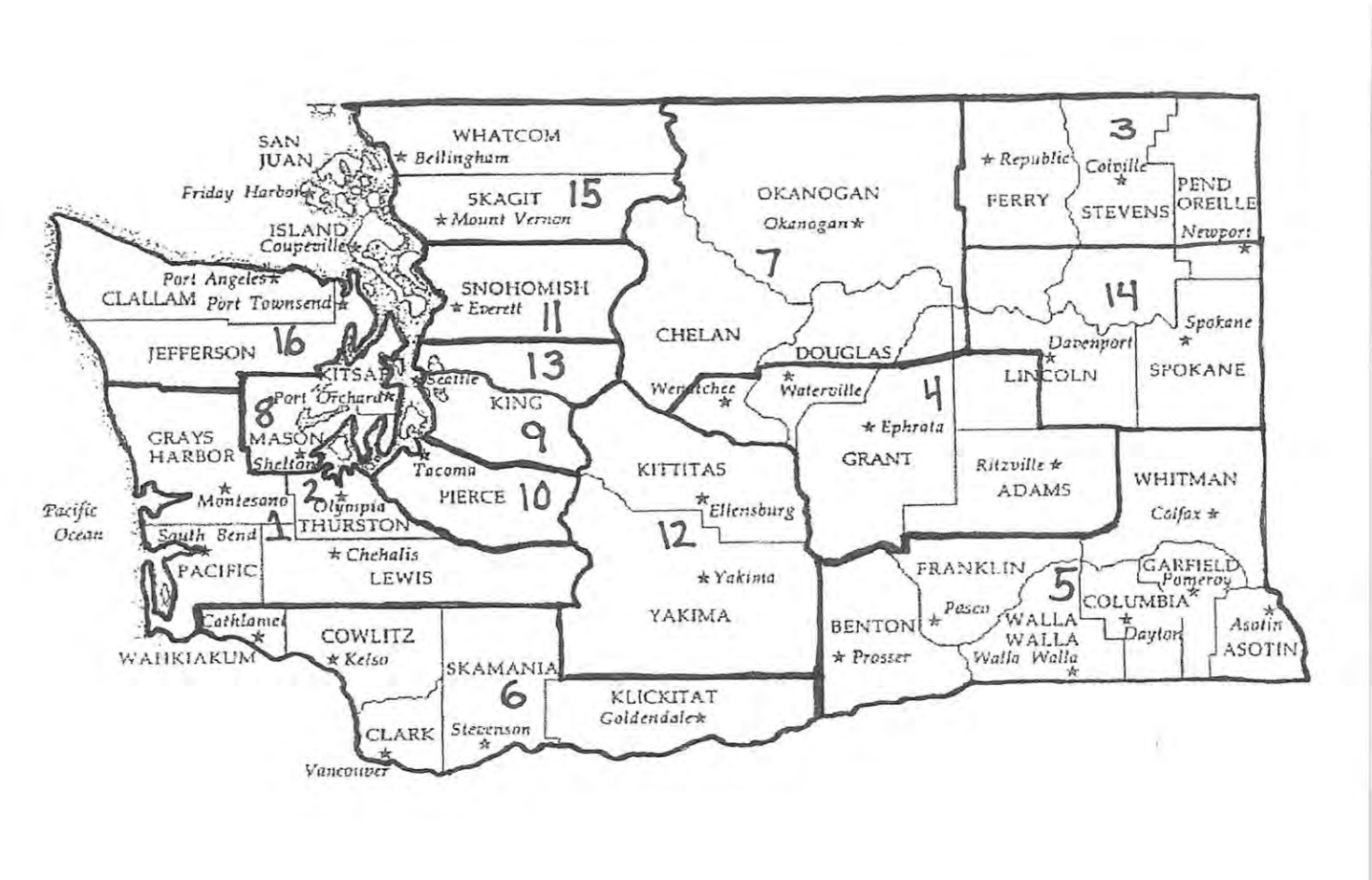

EXIT
FIRE DOOR
DO NOT OBSTRUCT
Types of Cerebral Palsy
Spastic
Athetoid

Our Mission

- The Washington Elks Therapy Program for Children, Inc. the Major Project sponsored by the Elks of Washington, for 70 years, provides home based Occupational or Physical Therapy to children with disabilities at no cost to their families.

Therapy Chairman
Lee Frankie

Therapy Unit Map
16 Units



Mission Statement

The Washington Elks Therapy Program for Children provides occupational or physical therapy services to children ages birth to 21 years with developmental delays or physical disabilities. These services are provided under the direction of a physician and at no cost to the families. Preference is given to infants and young children, those who are medically fragile or who would otherwise go without services because of health status, transportation problems, or lack of other resources, and to children who without therapy will experience deterioration in their status. Each therapist, under the supervision of the Therapy Supervisor, is responsible for determining priorities within his/her caseload.

Since 1954 the Washington Elks Therapy Program for Children has provided home based occupational or physical therapy to children who are in need. Therapy is provided by licensed therapist. While the Program endeavors to serve the entire State, our strength of service is based on availability of therapists and budgetary concerns.

Services are provided on a short term basis and are not intended as a substitute for other services. Availability of other services, resources and effectiveness of therapy is reviewed on a regular basis.

State of the Program

The present caseload for the Washington Elk therapists averages 25 children per unit. Each unit consists of a licensed therapist, transportation and equipment. Their time is fully utilized taking care of "Our Kids" and there are more kids who need our services.

The Therapy Program is healthy. From the initial stages over 50 years ago, when one therapist was responsible for covering the entire state, it has been a long successful climb, to a point where the program is an integral, much needed, and much appreciated part of the community. Administrative costs for the Program remain very low, thus 86% of each contribution goes directly to its purpose—therapy for children.

The success of any program is reflected in its longevity. The fact that it is meeting a specific need, and meeting it well.

And don't forget the individuals—"Our Kids" and their families. Without the Washington Elks Therapy Program for Children, Inc., many children would have had much different lives.

"To the Children and their families ...it makes a difference."

Role of the Parent/Guardian

Parent/Guardian participation during therapy is critical to each child's success. We believe that the parent/guardian is the expert on the child and that our role is to teach families how to carry through therapeutic activities into daily life, with an emphasis on home programs and parent participation. One hour per week of therapy is only the beginning of a 24 hour, 7 day a week therapeutic process. We know that each family is unique and that the best therapy program comes from caring relationships and valuing each child's special needs and abilities. This is best accomplished when the whole family takes an active role in treatment planning.

The Program's existence and success depends on the contributions from Tall Elks, Tall Ladies, Coin Boxes, Memorials, Honor Gifts, and Bequests. Only with the support of Washington Elks and other Friends of the Program can they continue to make a difference in the lives of these young people.

(The Washington Elks Therapy Program for Children, Inc. complies with the provisions of the Internal Revenue Service Code, Section 501 (C) (3), therefore donations to the Therapy Program are tax deductible.)

Eligiblity

Children with an Occupational or Physical Therapy Prescription for treatment are eligible for our program.

Selection Process

Children are selected for the program based on a variety of factors.

- Location of the family
- Age - preference is given to young children
- Medical Conditions: Preference is given to the medically fragile
- Availability of resources
- No Elks affiliation is necessary

FUNDING

The financing for the Therapy Program is derived from various sources: Members per capita dues of $1.25 annually, investment income and voluntary contributions from anyone wishing to contribute. Donations of $500 and under go directly into the working fund—over $500 go directly into the Trust Fund.

You can support the Therapy Program in any of the following ways:

TALL ELK or TALL LADY — When a person contributes $10, they are eligible for a Tall Elk or Tall Lady pin issued by the Lodge Chairman. Awards are issued at the following levels: **SILVER**, $50, Card; **GOLD**, $100, Card; **EMERALD**, $500, *Card & Pin; **DIAMOND**, $1,000, *Card & Pin; **AMETHYST**, $5,000, Card, Plaque, & Pin; **PEARL**, $10,000, Card, Laser Plaque & Pin; **RUBY**, $15,000, Card, Red Plaque & Pin; **PLATINUM**, $20,000, Card, Mirror (purple) Plaque & Onyx Pin; **CRYSTAL**, $25,000, Crystal Award. (*Gold and Emerald Plaques may be requested and are sent to the Lodges the month following the achievement of membership levels.) A contribution of $10 or more per year maintains a Tall Elk or Tall Lady membership.

MEMORIAL - A Memorial Gift is one way of honoring a loved one or friend who has passed on. It is also a good way to note the anniversary of someone's death. Immediate acknowledgement of the gift, excluding the amount, is sent to the nearest relative. The donor is also sent a receipt.

HONOR GIFT - An Honor Gift is a very thoughtful way to remember those very special occasions in the lives of others, such as Birthdays, Anniversaries, Graduations, Recognitions, Expressions of Appreciation for Special Deeds, Sickness or Hospitalization, Mother's Day, Father's Day, etc. When the gift is received, your friend or loved one is notified by us that you have made a gift to the Therapy Program and you will be sent a receipt.

BEQUESTS - A donation can be made either through a will or a codicil and an exiting will. More information can be obtained from the Therapy Program Office at 253-472-6223 or 800-825-3557.

ELECTRONIC DONATIONS - Electronic monthly credit card donations can be set up conveniently through the Therapy Program office. (A $10 per month minimum is necessary due to processing costs.)

Our Therapy Team

Unit Details

- Average Case Load is 25 children
- Therapist responsible for determining caseload
- Prescription required
- Evaluation and Treatment Plan created
- Therapy provided one hour per week with home activities between sessions.
- Parent or Guardian present at each session.

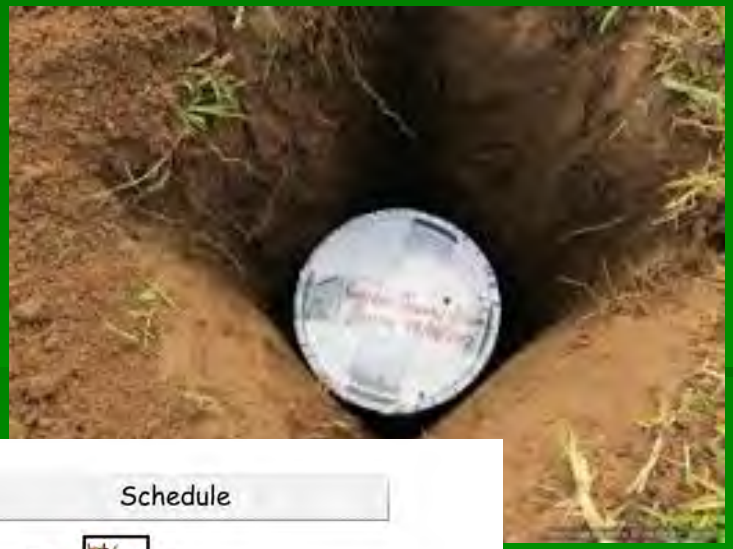
Quesadillas Recipe Checklist

Tools	Ingredients
❑ Frying pan (Make sure the frying pan handle is not sticking out in front of the stove.) ❑ Spatula ❑ Plate ❑ Timer	❑ 2 tortillas ❑ 3 1/4 cups Cheese
❑ 1. Wash hands.	❑ 2. Turn frying pan on to 5 ½. (Make sure the frying pan handle is not sticking out in front of the stove.)
❑ 3. Wait for pan to feel hot when your hand is above it.	❑ 4. Place 1st tortilla in the pan and twist it around 7 times.

- daily living skills
- preparation for having a job
- self-advocacy
- self-expression through art & music
- co-regulation

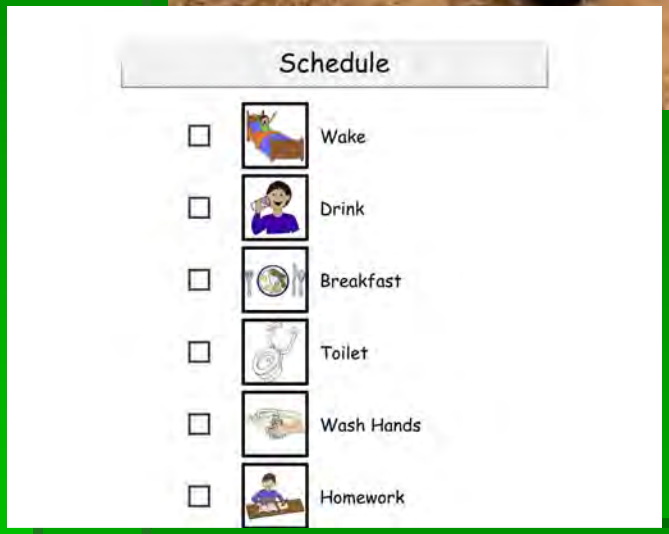
access to medical supplies

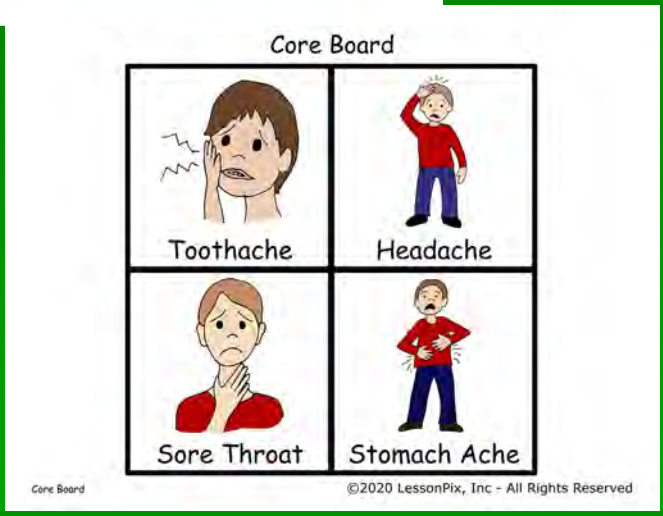
bathroom modification



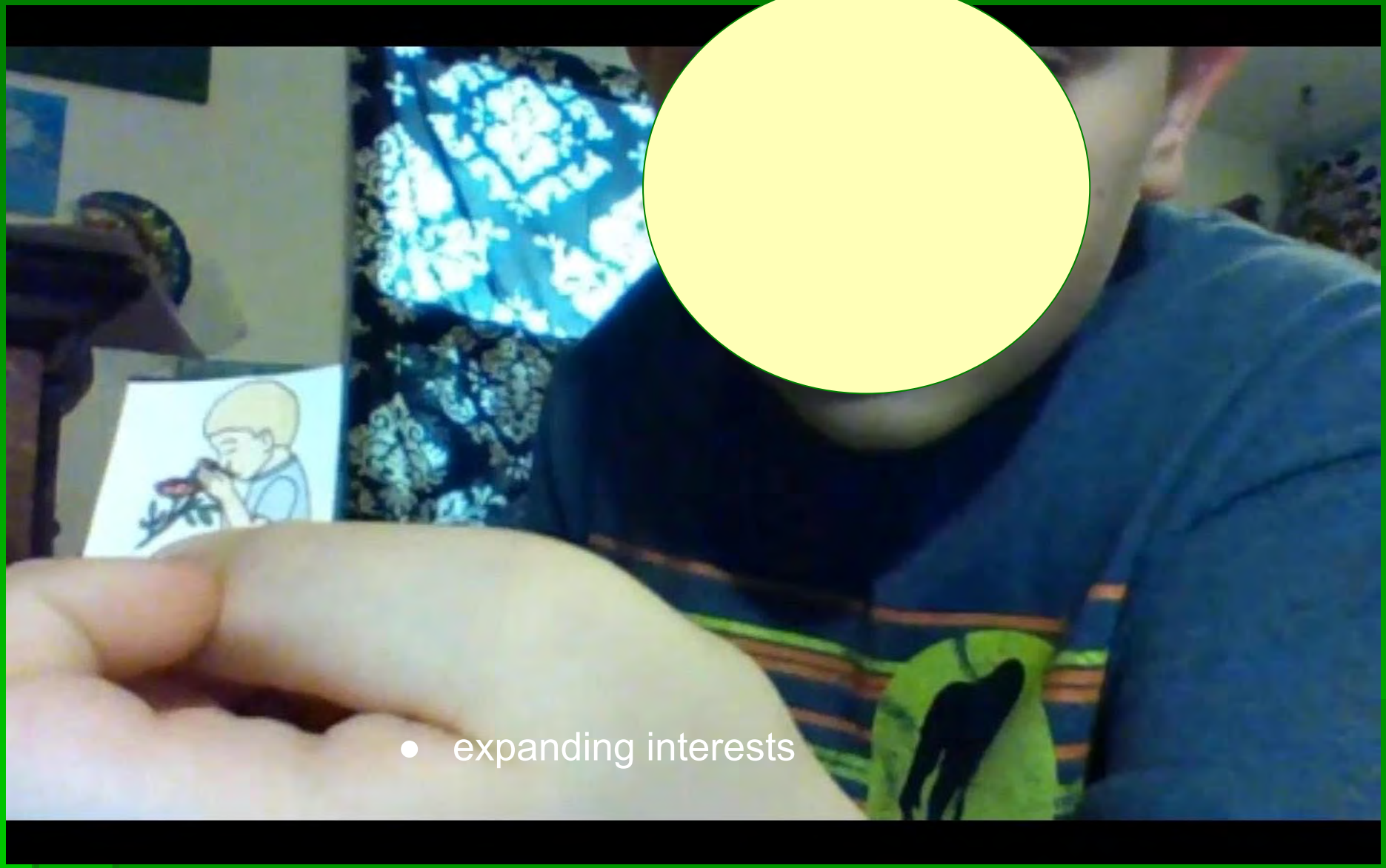
DEAR FUTURE,

WE HOPE THAT THE INFORMATION IN THIS TIME CAPSULE HELPS YOU LEARN ABOUT CORONAVIRUS, SO THAT YOU CAN HELP US FIND A CURE.

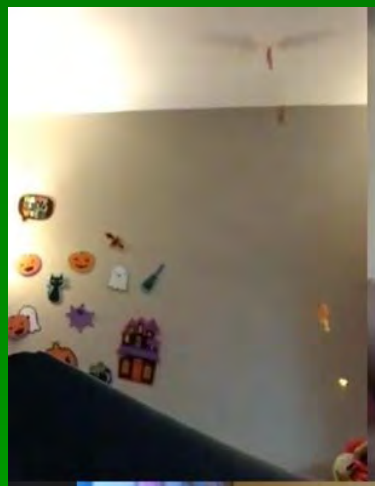


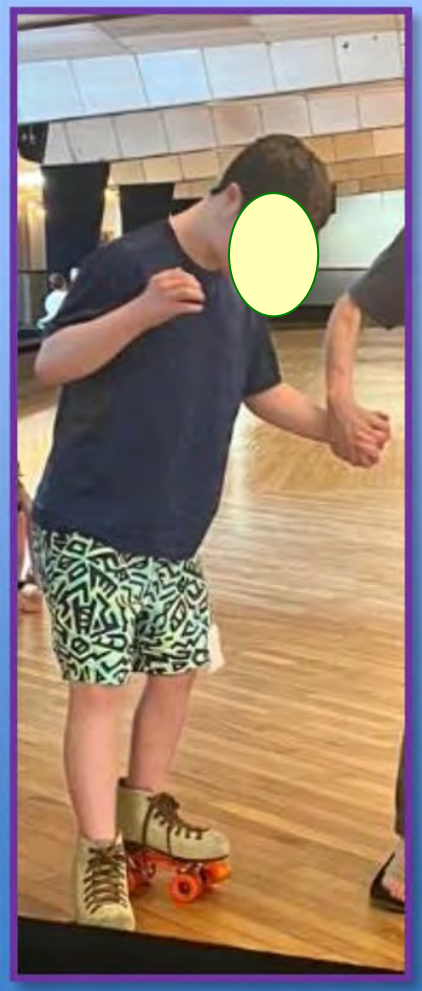


- toileting
- self-regulation
- physical exercise


● expanding interests

- relationship-based play to develop ability to engage
- support for sensory differences
- social participation





THANK YOU

ELKS !!

- self-expression & agency
- toileting
- understanding social expectations

Here is what Sam’s family would like you to know:

“Sam, who may often seem relatively passive and non-verbal, gets excited when his Elks occupational therapist arrives for a home visit. He becomes more animated, verbal and assertive during his therapy sessions. His therapist gets him singing, playing instruments, manipulating tools and trying new things. The skills developed during these sessions transfer to other daily activities of living and the school environment. Best of all, we love hearing our son’s voice and the giggles they share during the session. Working with his Elks Therapist is Sam’s highlight of the week!”

Therapy Seminar Summer Convention 2024 Parent

Discover the Washington State Elks Therapy Program for Children, Inc. - Remastered.

THANK YOU, ELKS!!


Elks
usa


The Washington Elks
Therapy Program for Children, Inc.
Serving "Our Kids" Since 1954

FAMILY PERSPECTIVE: CYSHCN and the Caregiver Experience

Lianne Caster, MA, JD
Family Faculty, UW PPC
Family Consultant, UW LEND
WA DOH CYSHCN Communication Network Meeting
April 2025

LAND ACKNOWLEDGMENT

I respectfully acknowledge that I am speaking from the traditional, unceded lands of the Coast Salish Peoples;
As guests on this land, we honor the land itself and the people who have been stewards of the land in the past and present.

For more info see https://native-land.ca/

GOALS & OBJECTIVES

- **Objectives**: Share my lived experience of caring for a CYSHCN
  - Discuss Interdisciplinary Care and Care Across Systems
  - Highlight Caregiver Challenges (aka Burden of Care)
  - Demonstrate Evolution of Care over Time
- **Goal**: increase understanding of issues relating to caregiving and care coordination for a CYSHCN
- **Content Warning**: Presentation includes medical photos, discussion of medical procedures and mental health issues

ABOUT ME

DAY 2 – INTERDISCIPLINARY CARE

- Different medical professionals work *collaboratively*
- Improves *communication*, coordination of care and *provider understanding*
- Includes providers from *different specialties*, nurses, therapists
- Evidence shows it can *improve health outcomes* (FN 1).

MENTAL HEALTH

- Ongoing caregiver mental health support is often necessary for:
  - Children with special health care needs and/or
  - Longer periods of hospitalization

CAREGIVING AND BURDEN OF CARE

- Caregiver Stressors (aka Burden of Care) refer to the strain borne by a caregiver for their chronically ill or disabled child. Caregiver burden relates to the well-being of both the individual and caregiver. (FN 2)

- CYSHCN have a medical regimen including medications and procedures and and/or procedures, and often require assistance with basic activities of daily living. (FN 3)

- For children, youth and adults who require complex medical or other healthcare at home, "the go between for everyone is the parent, and for the parent, that's an awful lot of responsibility." (FN 4)

CAREGIVER FATIGUE AND CHRONIC STRESS

Caregiver fatigue is "a state of mental, physical, and emotional exhaustion" related to caregiving, which can lead to burnout, anxiety and depression. (FN 5)

Caregiving has all the features of a **chronic stress experience.**

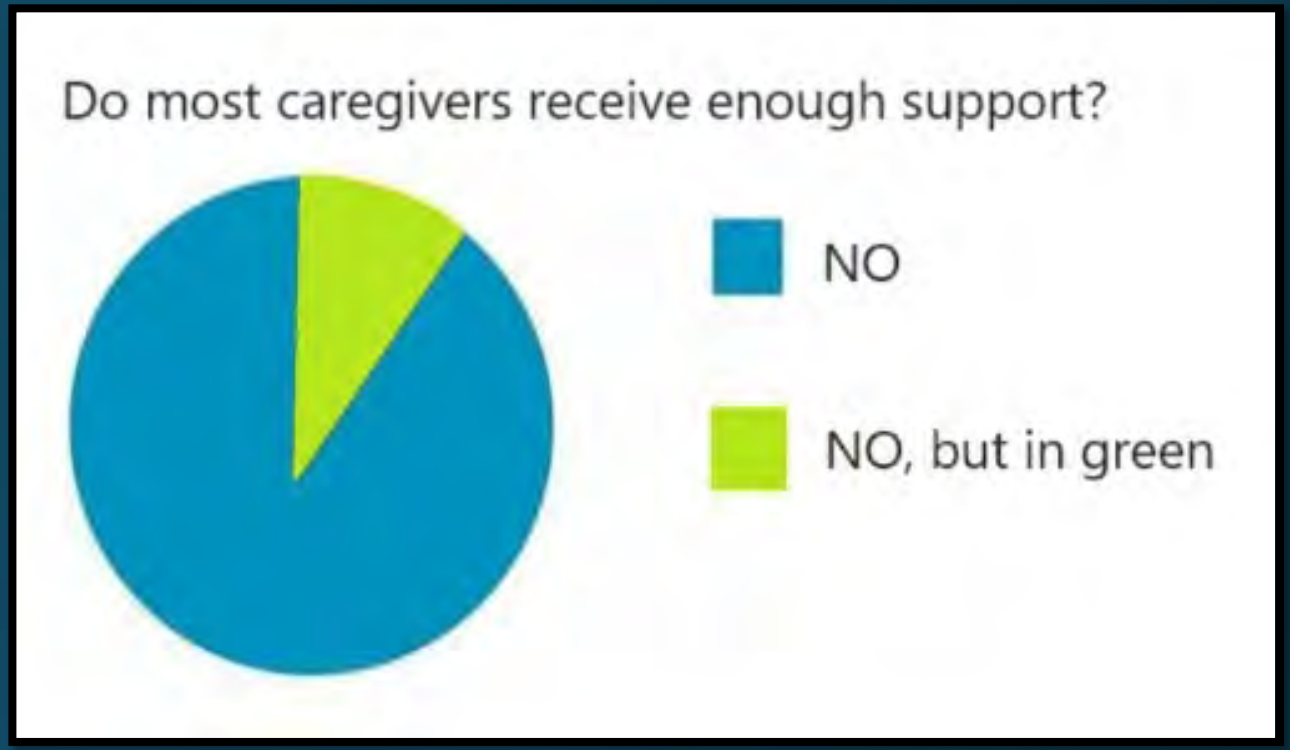
It creates physical and psychological strain over extended periods of time, accompanied by high levels of unpredictability and uncontrollability.

It has the capacity to create secondary stress in multiple life domains such as work and family relationships, and frequently requires high levels of vigilance. (FN 6)

IMPACTS ON CAREGIVERS

- As a result of these stressors, the caregiver may experience effects such as psychological distress, impaired health habits, physiologic responses, psychiatric illness, physical illness, and even death. (FN 6)

- Understanding caregiver burden is key to understanding caring from the perspective of the caregiver. Healthcare organizations need to implement support structures to alleviate caregiver burden.



- Caregivers play a vital role in reducing costs and resources on healthcare systems by caring for loved ones… it is essential to take care of caregivers to reduce long-term effects of caregiver burden. (FN 2)

IMPACT OF FEEDING ISSUES ON CAREGIVERS

- A severe feeding disorder greatly impacts the parent–child relationship.
- Because providing physical nourishment to a child is one of a caregiver's most fundamental responsibilities, the inability to do so can have profound effects on one's feelings of self-esteem, self-efficacy, and confidence in parenting. (FN 7)

IMPACT OF FEEDING ISSUES ON CAREGIVERS

- Feeding issues can lead to increased stress in the child from repeated failed meals.
- Successful treatment of a feeding disorder often relies upon establishing a new, positive routine with eating between the child and caregiver.
- This is not easily done if caregivers are already under a tremendous amount of stress to get nutrition into their child. (FN 11)

SOME FINAL THOUGHTS

- Every family's journey is different.
- A caregiving parent is the expert on their child
- Recognition, Partnership, Openness, Communication
- Your work matters.
- lianne@thecasters.net

FOOTNOTES / SOURCES

Footnote 1. The Impact of Interdisciplinary Team Based Care

Footnote 2. Caregiver Burden: A Concept Analysis

Footnote 3. Predictors of Caregiver Burden among Mothers of Children with Chronic Conditions

Footnote 4. Challenges of Children Who Require Complex Medical Care at Home

Footnote 5. Caregiver Fatigue: Why you Need a Break and How to Take One

Footnote 6. Physical and Mental Health Effects of Family Caregiving

Footnote 7. Caregiver Stress and Outcomes of Children with Pediatric Feeding Disorders

OTHER RESOURCES

ABLEISM AND DISABILITY

Ableism in the Medical Profession

Dismantle Ableism, Accept Disability. Making the Case for Anti-Ableism

What is Ableism and What is its Impact?

BURDEN OF CARE AND CAREGIVING

- Cleveland Clinic Caregiver Burnout
- The Costly, Painful, Lonely Burden of Care
- Psychosocial Factors of Caregiver Burden in Child Caregivers
- Unseen: Caregiver Documentary
- 2009 Report on Caregivers of Children

RESOURCES FOR FAMILIES

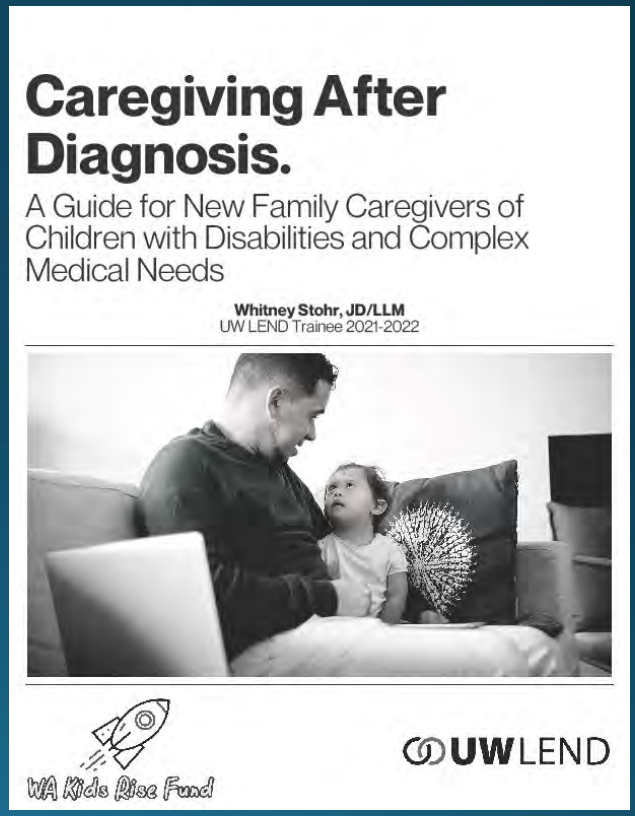
ARC of Washington (Intellectual/Developmental Disabilities)

PAVE

Seattle Children's Health & Safety Resources

WA DOH CYSHCN

WA LOCAL CARE COORDINATORS



COMPLEX NUTRITION: A CAREGIVERS JOURNEY

Sasha Appelbaum, MIT

PPC Family Discipline Trainee

Care and Providers Over Time

NICU/Hospital Stay

Neonatologists
Nurses
Respiratory Therapists
Geneticists
Genetic counselors
PT/Feeding
Neurology
Audiology
Social Work

Infancy/Early Years

PWS clinic team: endocrinology, pulmonary/sleep medicine, nutrition, developmental pediatrics, geneticist
Neurology
Orthopedics
Craniofacial
Gastroenterology
ENT
Aerodigestive
Pediatrician
Opthamology
Dentist
Private Nutritionist

Birth to 3 Services

Physical Therapy
Occupational Therapy
Feeding Therapy
Speech Therapy

Services after 3 y.o

School-based PT, OT, speech
Private PT, OT, speech
SCH Feeding therapy
SCH autism center
ABA

Current Providers, Clinics and Services

PWS clinic team: endocrinology, pulmonary/sleep medicine, nutrition, developmental pediatrics, psychiatry
Gastroenterology
Orthopedics
Opthamology
Dentist
Orthodontist
Private and school-based PT, OT and Speech
Orthotist – Hangar Clinic

Nutritional Phases in Prader Willi Syndrome

Phase 0 – occurs in utero –decreased birthweight, length and fetal movement

Phase 1 – infant is hypotonic, failure to thrive (FTT), not obese

- **1A:** poor appetite, feeding and weight gain
- **1B:** infant growing steadily along growth curve with improving appetite

Phase 2 – weight starts to increase and crosses growth percentile lines

- **2A:** weight increases without a significant increase in calories or change in appetite
- **2B:** increased weight gain with increased interest in food

Nutritional Phases in PWS

Phase 3 – hyperphagia – accompanied by food seeking and lack of satiety

Phase 4 – No longer has an insatiable appetite and able to feel full – very rare!

Other Considerations

- Lower metabolic rate
- Infancy
- Motility and GI system

Sources

Miller et al. (2011) Nutritional Phases in Prader Willi Syndrome

Prader Willi Syndrome Association USA –resource guide

Evolution of Nutrition and Caregiver Stress

"Because providing physical nourishment to a child is one of a caregivers most fundamental responsibilities, the inability to do so can have profound effects on ones feelings of self-esteem, self-efficacy, and confidence in parenting"

Evolution of Nutrition and Caregiver Stress

- Infancy: inadequate weight gain, difficulty tolerating feed volumes, pumped breastmilk
- Approaching 1 year: introducing solids and beginning our blended diet journey
- 1-3 years – balancing increasing oral feeds while decreasing tube feeds and managing weight

13 months old

Evolution of Nutrition and Caregiver Stress

Recipe #1: Easy to make

12 oz 1% milk
3 small jars baby food chicken (71 grams per jar)
1 small jar (113 g) strained peas
1 small jar (113 g) strained carrots
3.5 oz strained peaches
¼ cup sugar
2 Tbsp. canola oil
¼ tsp. salt

Add all ingredients to blender. Blend well, until about the consistency of milk or formula. Calories: 925, Protein: 43 g, Carbohydrate: 104 g, Fiber: 6 g, Fat: 40 g, Volume: 1000 cc = 1000 ml (~33 ounces), 28 kcal/oz

Evolution of Nutrition and Caregiver Stress

Recipe #1: Easy to make

12 oz 1% milk
3 small jars baby food chicken (71 grams per jar)
1 small jar (113 g) strained peas
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Sample Menu Plans

Breakfast Oral Puree #1

- No egg yolk
- 3 oz Greek yogurt with fruit (see below)
- 1 Tablespoon low-sugar Fruit
- 1/2 teaspoon MCT oil
- Optional - Unflavored Protein Powder (1 teaspoon)

Breakfast Sides #1

- 1 oz fruit puree (blueberry)
- 10 puffs

Lunch Oral Puree #3

- 2 oz animal protein (red meat, poultry, or fish)
- 2 Tablespoons non-starchy vegetables (e.g. green beans) - see list
- 1 Tablespoon carrot
- 1 Tablespoon blueberries
- 1 Tablespoon leek
- 2.5 oz broth
- 1 teaspoon avocado oil
- 1 teaspoon MCT oil

Oral Lunch Side

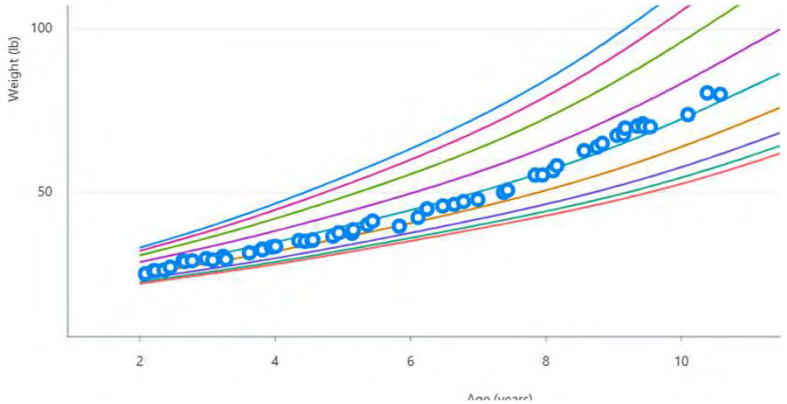
- 1/4 whole avocado or soft cubes low-sugar fruit or vegetable

Sample Guidance

- She will be getting macronutrients like fats from her supplements and calories/protein/fats from her practice liquids.

Here is how the transition from blends to purees will work in the future:

- blend volumes will be adjusted
- decrease her lunch and dinner blends based on her weight check-ups.
- steady weight gain to keep her in the 25th-50th percentiles
- watch her length for age percentiles.



Evolution of Nutrition and Caregiver Stress – Our Growing Family

Meals Today

- A significant portion of my time is spent preparing meals for my family
- We have a "feeding schedule" – breakfast, lunch, snack, dinner.
- Prepare multiple meals to satisfy individual needs
- Separate space in kitchen for gluten only
- Limited options for "fast prep" or universal meals
- Meals while traveling are carefully planned

One of the few meals everyone eats: keto cheesy zucchini bites

Pearls to Take Home

What providers see in the chart is a sliver of the whole picture

Feeding is a chronic stressor for families with nutritionally complex children

Listen to the needs of the caregiver – feeding doesn't fit into a neat box

Washington State Department of HEALTH

10-MINUTE BREAK

Please return by 11:10

Community Health Worker Medicaid Benefit

Nikki Banks, MPH

CYSHCN Communications Presentation

APR 10, 2025

Washington State Health Care Authority

Community Health Workers (CHW) in Primary Care supporting children and youth [ESSB 5693, Sec. 211 (103)]

Legislative Direction

2-year grant program
Jan 2023 – Jan 2025

- Outreach, informal counseling, and social supports for health related social needs
- Determine if eligible for federal matching funds
- Report on impact and health outcomes

- Explore long term reimbursement options for the integration of CHWs in primary care

Policy Implementation

- Administer grant to primary care settings serving children, youth, and their families
- Collaborate with Department of Health (DOH) to align with CHW core curriculum and new health specific modules
- Conduct a mixed methods evaluation to assess impact and support sustainability efforts

- Collaborate with community and partners to gather feedback on reimbursement approaches
- Submit an agency decision package for 2024 Legislative Session

Washington State Health Care Authority

What do states need to implement new Medicaid services?

- States have three authorities
  - Medicaid state plan
    - Agreement with CMS about what services will be covered and how by the state Medicaid agency
  - Medicaid waiver
    - Provides authority for states to pilot or implement demonstration projects
  - Managed care
- Funding is a combination of state and federal dollars

Washington State Health Care Authority

HCA's State Plan Approach: Preventive services associated with licensed practitioner (Option 2)

- Alignment with feedback received, including:
  - Prevention focused services
  - Reduction of administrative burden on CHWs
  - Encourages collaboration within care teams
  - Timeline for implementation
  - Does not require development of a state credential
- Additional benefits of this approach:
  - Expanded CHW services for Apple Health enrollees
  - Encourage embedding CHWs in places where enrollees receive care

Administrative Tasks

- Clinic and/or supervising licensed practitioner would do the following:
  - Support adding CHW as one of their Medicaid service providers
  - Negotiate adding CHW services to their contracts with MCOs
  - Support submitting of claims for CHW services

Scope of Services

- CHWs would receive referral internally from clinic and/or supervising licensed practitioner. Services must meet the following:
  - Prevent disease, disability, and other health conditions or their progression
  - Prolong life
  - Promote physical and mental health and efficiency

State Credential

- Not required

Supervision

- CHW would practice under the supervision of a licensed practitioner

Payment

- Payments would go to the clinic and/or supervising licensed practitioner who would establish a contract and employment with CHW

Washington State Health Care Authority

Implementation Status

State Plan	• **Approved by CMS on November 27, 2024**
Rules (WAC)	• Public hearing held **02/04/25.** • Final ruling filed and published on HCA site **03/03/25** • **Published to legislative site on 3/19/25**
Billing	• Will create new Prevention Billing Guide inclusive of CHWs services • **Future item:** Work with P1 team on systems configuration • **Goal:** Post official billing guide by **04/01/25**
Managed care	• CHW services will be carved in • Will work with MPD on notifying MCOs & incorporating into contract for July 2025 • **Goal:** MCO language drafted 2025 and post by **04/01/25**

CHW WAC OVERVIEW

WAC 182-562-0200 Client eligibility

To receive community health worker (CHW) services, a person must:

(1) Be eligible for one of the Washington apple health programs listed in the table in WAC 182-501-0060, except for the medical care services (MCS) programs; and

(2) Be recommended by a physician or other licensed practitioner of the healing arts, as specified in 42 C.F.R. 440.130, following an initiating visit with one of the following criteria:

(a) An unmet health-related social need (HRSN) that limits the ability to engage in health care services;

(b) A positive adverse childhood experiences (ACEs) screening;

(c) One serious, high-risk condition that places the client at risk of any of the following:

- (i) Hospitalization;
- (ii) Institutionalization/out-of-home placement;
- (iii) Acute exacerbation or decompensation; or
- (iv) Functional health decline or death;

(d) Two or more missed medical appointments within the previous six months;

(e) The client, client's spouse, or client's family member expressed a need for support in health system navigation or resource coordination services;

(f) A need for recommended preventive services; or

(g) A condition that requires monitoring or revision of a disease-specific care plan and may require frequent adjustment of the medication or treatment regimen or substantial assistance from a caregiver.

182-562-0300 Initiation and recommendation

(1) Community health worker (CHW) services must be initiated and recommend by a licensed, qualified health care professional as defined in 42 CFR 440.130.
(2) During the initiating visit, the health care professional:
(a) Identifies that the client exhibits one of the criteria found in WAC 182-562-0200(2);
(b) Establishes a care plan; and
(c) Provides a written recommendation for the client to see a CHW or community health representative (CHR). A written recommendation for services may be provided in physical or electronic form, including but not limited to electronic health records (EHRs), secure digital forms, or other compliant electronic documentations.
(3) The initiating visit must be personally performed by the licensed practitioner of the healing arts, as specified in 42 C.F.R. 440.130.

182-562-0400 Community health workers—Provider requirements.

1) To be eligible to provide community health worker (CHW) services to Washington apple health clients, a CHW must:

(a)Deliver services under the supervision of any licensed practitioner within the scope of their licensure as described in state law;

(b) Have **lived experience** that aligns with and provides a connection between the CHW and the community being served;

(c) Have **two-thousand supervised hours** working as a CHW in paid or volunteer positions within the previous three years and demonstrated skills and practical training in the areas determined by the supervising provider;

(d) Meet any applicable state rules and requirements, and possess the following skills or core competencies:

(i) Communication;
(ii) Interpersonal and relationship-building;
(iii) Service coordination and navigation;
(iv) Advocacy;
(v) Capacity building;
(vi) Professional conduct;
(vii) Outreach; (viii) Individual and community assessment;
(ix) Knowledge base in public health principles and social determinants of health;
(x) Education and facilitation; and
(xi) Evaluation and research.

182-562-0500 Community health workers—Provider requirements Cont.

(d) Demonstrate minimum qualifications through one of the following:

(i) CHW/CHR Certificate. A certificate of completion, including but not limited to any certificate issued by the Washington State department of health or its designee, of a curricula that attests to the demonstrated skills or competencies in subsection (d).

(ii) Supervision Attestation. Medicaid-enrolled, licensed supervisors may demonstrate the CHW's skills and competencies by conducting a CHW assessment and attesting to the CHW skills and proficiencies competencies. The supervising provider must maintain documentation of the CHW assessment. Trainings may also include health specific topics including, but not limited to:

(A) Health coaching and motivational interviewing;
(B) Immunization across the lifespan;
(C) Family Planning and wellness;
(D) Cardiovascular health and heart disease;
(E) Understanding disparities and social determinants;
(F) Behavioral health care;
(G) Cancer screening and prevention;
(H) Conducting food insecurity screening;
(I) Child development/early relational health; and
(J) Mental health first aid;
(K). Substance use.

182-562-0500 Community health workers—Provider requirements Cont.

(iii) Continuing education. Complete a minimum of six hours of additional training annually. The supervising provider must maintain documentation of the CHW's completion of continuing education requirements. CHWs that do not meet any of the identified skills or practical training areas listed in this section must obtain the necessary training within eighteen months of employment.

(3)CHWs must obtain client consent. This consent may be obtained by the referring provider or the CHW/CHR. As part of the consent, providers must explain to the client that cost sharing applies and that only one practitioner may furnish and bill for the services provided during each month.

182-562-0600 Community health workers—Covered services.

The medicaid agency covers the following community health worker (CHW) services:
(a) Person-centered assessment and planning, including the following
(b) Care coordination and health system navigation, including the following
(c) Facilitating behavior change and client self-advocacy, including the following
(d) Health education and promotion, including the following

The agency determines the maximum number of units of services allowed per client when directed by the legislature to achieve targeted expenditure levels for payment of community health worker services for any specific biennium. **(The maximum number of units allowed per client is published in the agency's current billing guide.)**The agency evaluates requests for authorization of covered services that exceed limitations on a case-by-case basis in accordance with WAC 182-501-0169

182-562-0700 Community health worker services—Noncovered services.

(1) The Medicaid agency does not cover:

(a) Clinical care management services that require a state credential;

(b) Child care;

(c) Chore services, including shopping and cooking;

(d) Companion services;

(e) Employment services;

(f) Enrollment assistance for government programs or insurance that is not related to improving health;

(g) Delivery of medication, medical equipment, or medical supplies;

(h) Respite care;

(i) Services that duplicate another medicaid-covered service;

(j) Socialization; and

(k) Transportation.

(2) The agency evaluates a request for any noncovered service under the provisions of **WAC 182-501-0160.**

(3) When a noncovered service is recommended based on the early and periodic screening, diagnosis, and treatment (EPSDT) program, the agency evaluates the request for medical necessity based on the definition in WAC 182-500-0070 and the process in **WAC 182-501-0165.**

Rates | Codes | Billing instructions

Washington State Health Care Authority

G0019: Community Health Integration services for HRSN/SDOH

Primary Code:

- G0019
- $47.83 (NFS); $ 28.85 (FS)
- Cover 60 mins per calendar month

Add on code:

- G0022
- $ 29.80 (NFS); $20.12 (FS)
- Covers additional 30 mins per month

Health assessment & screenings

Health education & targeted skill building

Care Coordination services

System Navigation services

Social Support and tailored resources for HRSN/SDOH

Rates are subject to change during the months of Jan and July

NFS-maximum fee for non-facility setting
FS-maximum fee for facility setting

G0019 & G0022:
Community Health Integration services for HRSN/SDOH

Primary (G0019)

- Services **MUST** equal 60 mins to bill for CHI services
- Visit must be performed in person unless is unable to attend in person.
- If initial visit must be in person, a prior authorization must be submitted for review and approval.

Adds-On (G0022)

- Services MUST equal 30 mins to bill for add on CHI services.
- Max allowance = **3 units** per calendar month.

G0023: Principle Illness navigation for high-risk & chronic conditions

Primary Code:

- **G0023**
- $47.83 (NFS); $ 28.85 (FS)
- Cover 60 mins per calendar month

Add on code:

- **G0024**
- $ 29.80 (NFS); $20.12 (FS)
- Covers additional 30 mins per month

Navigation to address serious, high-risk condition

Health assessment & screenings

Health education & targeted skill building

Care Coordination services

System Navigation services

Social Support and tailored resources for HRSN/SDOH

Rates are subject to change during the months of Jan and July

NFS-maximum fee for non-facility setting
FS-maximum fee for facility setting

G0023 & G0024:
Principle Illness navigation for high-risk & chronic conditions

Primary (G0023)

- Services **MUST** equal 60 mins to bill for PIN services
- Visit must be performed in person unless is unable to attend in person.
- If initial visit must be in person, a prior authorization must be submitted for review and approval.

Add-ons (G0024)

- Services MUST equal 30 mins to bill for add on PIN services.
- Max allowance = **3 units** per calendar month.

S9446: Health education & training

Education to address serious, high-risk condition

~~**Primary Code:**~~

- ~~**S9445 (individuals)**~~
- ~~$14.74 (NFS); $ 14.74 (FS)~~
- ~~Cover 15 mins per calendar month~~

Primary code:

- **S9446 (groups)**
- $ ~~5.26~~ 7.36 (NFS); $7.36 (FS)
- ~~Covers 15 mins per month~~

Health education & targeted skill building

Rates are subject to change during the months of Jan and July

NFS-maximum fee for non-facility setting
FS-maximum fee for facility setting

S9446: Health education & training

- Covers group education for chronic/high risk conditions
- Can only bill 2 sessions per day
- Max allowance is 8 sessions per month
  - ➢ More than 8 sessions warrants a limitation ext (LE)

➢ Services allowed in-person and via telemedicine (audio-visual only)

***No restrictions on time limit or number of clients per session**

FAQ

Washington State Health Care Authority

What does this look like through a Community Care Hub?

Under Washington State's Section 1115 Medicaid demonstration waiver, known as the Medicaid Transformation Project 2.0 (MTP 2.0), each of the nine regional Accountable Communities of Health (ACHs) will develop, oversee, and manage a Community Care Hub. Community Care Hubs function as a central source for connecting individuals with health care needs and related social services – a service known as Social Care Support service.

Community Care Hubs coordinate referrals by working closely with

- community organizations,
- community partners,
- health care facilities,
- correctional institutions,
- and governmental bodies.

Community Care Hubs match individuals with trained community-based workers (CBW), who provide personalized support to achieve health goals and link individuals with health-related social need (HRSN) services. Further details on Community Care Hubs will follow.

Does the benefit exclude Community Based Organizations (CBOs)?

The benefit does not exclude community-based organizations. To reimburse for CHW services, CBO must:

- ~~Enroll with Medicaid~~ **OR** contract with a CHW association enrolled with Medicaid;
- Hire/contract a licensed professional to oversee supervision; and
- Recommendations must come from a licensed practitioner:
  - Clinics
  - MCOs
  - ACHS
  - Other settings with a licensed practitioner

***Future guidance will be provided on provider enrollment for non-medical entities. Must contract with medical entities for reimbursement**

Can FQHCs bill under the Medicaid benefit?

1. Can FQHCs bill under the Medicaid benefit while including CHW salaries in cost-based report?

Yes, FQHCs can bill for CHW services under the benefit while also including CHW salaries and benefits in their cost-based reports. Since an FQHC's encounter rate is based on all allowable costs, CHW salaries and benefits can still be included in cost reports for rate-setting purposes, while CHW services are being billed separately under the benefit. Services under the benefit are not encounter eligible.

Next Steps

Project Timeline | Next steps

CHW Benefit implementation activities for February-July 2025 with the benefit launch in July 2025. The CHW grant ends June 30, 2025.

Feb – Mar 2025

- Develop CHW billing guide
- Finalize WAC

April 2025

- BG posted April 1st
- Collaborate with internal teams (P1, comms, call enter)

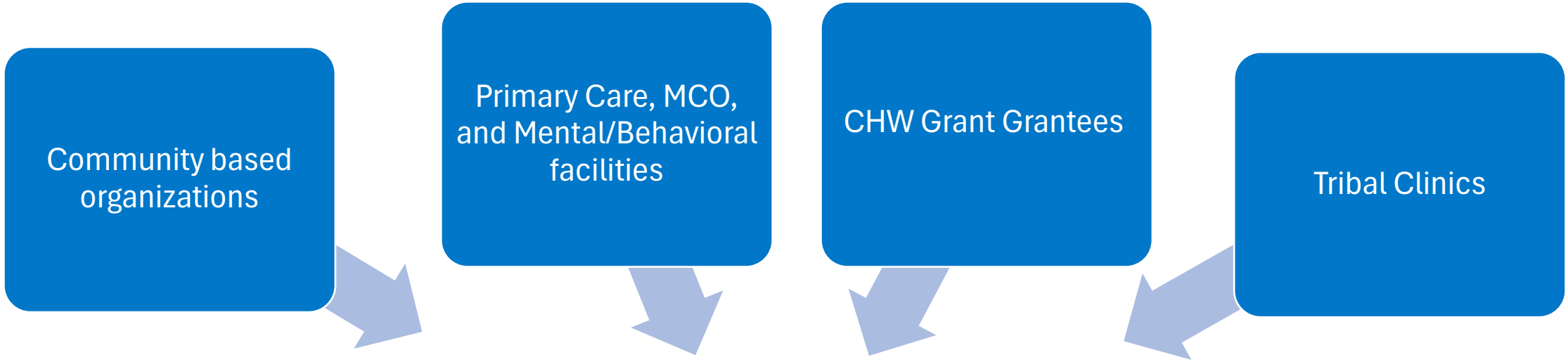
May -June 2025

- Provide TA to all impacted organizations/groups
- CHW Grant concludes

July 2025

- **CHW Benefit goes Live!**

CHW Benefit Technical Assistance



What specific guidance or training does your billing department need to ensure correct claims submission for CHW services?

What tools or resources would be helpful to guide providers in leveraging CHW services within their workflows?

Are there existing provider networks or CHW agencies you already contract with and how can we support integration?

What specific challenges & opportunities does your team see in implementing the benefit plan?

Thank you!

Stay informed by signing up for
Pediatric Health GovDelivery alerts

Questions regarding the billing process for FQHCs
FQHCRHC@HCA.WA.GOV

Questions regarding rates can be submitted by emailing
ProfessionalRates@hca.wa.gov

Nikeisha 'Nikki' Banks, MPH
Community Integration Program Manager
Clinical Quality Care Transformation
Nikki.Banks@hca.wa.gov

Washington State Health Care Authority

Closing and Next Steps

- Meeting Minutes and Recording will be available in the coming weeks
  - Please fill out evaluation
  - Please fill out form with any program updates
  - Send questions or additional info to: CYSHCN@doh.wa.gov

Washington State Department of HEALTH

10-MINUTE BREAK

Please return by 12:25

Discussion Questions

- Reflect on Care coordination and experience for families - What can we focus on to make a difference?

- Summit to follow up on this at next CommNet - What would you like to see?

Washington State Department of HEALTH

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.