March 15, 2023

Secretary Kody H. Kinsley
2001 Mail Service Center
Raleigh, NC 27699-2000

Dear Secretary Kinsley

Thank you for the opportunity to provide comments on Community Health Worker (CHW) Strategy. In short, we applaud the overall concept and especially the strong focus on equity and community. We have concerns about the mechanics of how it works and the timing of adding in another layer of complexity at any already complex time.

To prepare these comments, NCPeds asked for input from our 12 member Medicaid Reform Task Force, reached out to a practice who had mentioned working with a CHW, and asked questions during a membership call with about 30 pediatric professionals.

Of that group, two noted they had worked with CHW and reported positive experiences; however, they did not fully understand the difference between CHW and care coordinators.

Here are some questions that were raised:

- **Will there be two layers of care coordination?** What are the key differences between CHW and care coordinators? Are they a referral coordinator? Will they be working with SP, TP or both?

- **Would a practice have multiple CHWs?** The rate calculations (page 13) seem based on Standard Plan or CBOS. It seems possible that one practice could work with multiple Plans and CBOS. Having multiple CHWs working with similar populations might be administratively burdensome, especially for smaller practices would be the least likely to be able to hire their own CHW.

- **Would practice experience be a consideration?** The bi-directional feedback focuses on patients and Plans. Members noted concerns about complexity of embedding someone; concerns about having someone to help with SDOH for Medicaid populations only; the challenges of finding, supervising and housing staff (regardless of payor).
• How would communication work, especially when the CHW is not embedded? One concern that has come up in the transition to TCM is the need to communicate seamlessly with professionals providing other patient support without having to play telephone tag or guess who the designated contact is. How will that work for CHW?

Finally, we will close as we often do, by urging consideration of the timing and context to maximize the chance for success. Many substantial changes are planned for 2023, including the Unwinding (April 1), Tailored Care Management for qualified foster children 0-5 (April 1), the roll out of Tailored Plans (October 1) and the transition to a single statewide plan for children and youth under the foster care umbrella (December 1). At the same time, practices are already experiencing on-going staffing shortages and still adjusting to Medicaid Managed care, facing a child mental health crisis, and grappling with multiple shortages and other concerns. Perhaps a pause could be considered to get a few pieces more firmly in place before adding additional layers. At a minimum, we urge some clarity around the questions above.

If you have any questions or would like to discuss any of these issues further, please contact our Executive Director, Elizabeth Hudgins (Elizabeth@ncpeds.org).

Thank you.

Sincerely,

[Signature]

Kenya McNeal-Trice, MD, FAAP
President, NC Pediatric Society