



**HB2024 Rules Advisory Committee (RAC) Agenda**

Friday October 23, 2015 – 10:30 a.m. – 12:30 p.m.

**Linclon Building**  
**421 SW Oak St Suite 775**  
**Portland, Oregon**

Participant: Conference Call Line: (877)873-8017

Participant pin: 441654#

Host: Code 315446 (OHA STAFF)

**Purpose of HB 2024:** Requires OHA to adopt rules and procedures for the training and certification of traditional health workers to provide oral disease prevention services and for the reimbursement of oral disease prevention services provided by a certified traditional health worker.

**Purpose of HB 2024 RAC:** To provide feedback and input on the development of the rules, as well as review of the Statement of Fiscal Impact for the proposed rules.

#	Time	Topic	Content
1	30 mins 10:30 – 11:00	<b>Introductions/ Agenda Review</b>	<ul style="list-style-type: none"> <li>Welcome</li> <li>Name/Affiliation Introductions</li> <li>Agenda Review</li> </ul>
2	15 mins 11:00 – 11:15	<b>Dental Practice Act Citations</b>	<ul style="list-style-type: none"> <li>Review of DPA (eff. Oct 1, 2015)</li> <li>Citations related to fluoride varnish, oral health education, risk assessment, roles</li> </ul>
3	15 mins 11:15-11:30	<b>CMS Waiver Update, SPA Guidance</b>	<ul style="list-style-type: none"> <li>Sarah Wetherson, Health HB2024 Requirements – integrating into CMS process</li> </ul>
4	45 min 11:30 – 12:15	<b>Review/Discussion of SWOT</b>	<ul style="list-style-type: none"> <li>All</li> </ul>
5	15 mins 12:15 – 12:30	<b>Public Comment</b>	

**Attached Meeting Materials**

- HB2024 9/30/15 Minutes
- DPA Citations (copies of full DPA available)
- Role/Competencies/Training Matrix
- SWOT Analysis (delivered at meeting)

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## **HB 2024 Rules Advisory Committee (RAC)**

**Introductions** – Meeting started at 10:04 pm

**Members Present:**

Rachel Arnold \*for Ashlen Strong, Health Share of Oregon Akiko Betcher, Providence  
LaKeesha Dumas, Urban League  
Cristina Coutts, Dental Hygienist  
Deb Catlin, Doula  
Tony Finch, Oregon Oral Health Coalition  
Theresa Haynes, Oregon Board of Dentistry  
Jordan Rawlins, Moda Health  
Mel Rader, Upstream Public Health  
Raeben Nolan, Birthingway Midwifery, Oregon Doula Assn

**Members on the Phone:**

Deborah Loy, Capitol Dental Care  
Tanya Pritt, Milestones Recovery, ACCBO

**Members Absent:**

Renee Balcom, Liberty Advocacy Group  
Nathan Roberts, OHA Medicaid Policy Analyst  
Stephen Prisby, Oregon Board of Dentistry  
Tammi Paul, Oregon Family Support Network

### **Introductions and Agenda Review**

Carol Cheney opened the meeting at 10:04.  
RAC Members introduced themselves.  
Carol reviewed the proposed agenda. No changes.

### **Overview of THW Training and Certification Presentation**

Carol Cheney presented an overview of THW certification and THW Training Program approval as it is currently described in the rules and coordinated by OEI.  
The presentation is attached to the minutes.

*Key Program Elements:*

1. THW Training program applicants must submit application to OHA 90 days before start of class.
2. Community Health Workers, Peer Wellness Specialists and Personal Health Navigators must complete 80 plus hour core curriculum
3. Peer Support Specialists have a defined 40 hour Core Curriculum
4. Doula curriculum is specific to doula practice with minimum hours and requirements.

5. In addition to meeting core curriculum requirements, training programs must demonstrate some additional training development and delivery requirements to maintain integrity of the “traditional health worker model”
  - a. Ensuring key connections to CBOs.
  - b. Various teaching methodologies in order to maintain the community perspective as well as language and cultural competency.
  - c. Opportunities for training participants to report back on experiences with the training
  - d. Minimization of fully online course delivery
  - e. Keeping accurate attendance.
6. Revision of THW/Doula – standard certification; grand parenting, provisional certification. Background check and complete application and then fully certified and enrolled in registry (3 years)
7. After certification – names on registry unless the person opts out
8. Many THW were already employed by health care and public health organizations.
9. One of the challenges faced is that there are many programs training THW but there are challenges for new or not already employed THWs to find jobs.
10. Revision of funding - waiver demonstration through June 2017 and State Plan Amendment (SPA) (supervision by Licensed Health Care practitioner). Approved in September 2012.

#### *CMS Waiver*

The committee asked if there are any anticipated changes in the waiver. Carol does not anticipate any THW changes at this point. Nationally there has been a lot of activity around integration of CHWs in particular. Many states are looking to Oregon, as well as other “early adopter” states (Minnesota, Texas, New York).

There are provisions/guidance from CMS that could allow the state to develop a process for THWs to be paid directly. The State has been working to ensure integrated care by aligning payment methodologies through CCOs. See payment option slides in presentation.

#### *Training Standards*

Current competency and training requirements were established through a rule-making process. See attached table of roles, competencies and skills and training topics related to each.

The Committee developed a definition of each role, the intended purpose, and what competencies would be needed to fulfill each role. Key elements discussed during the rulemaking process included communication, understanding of barriers, engagement and building rapport and trust, non judgment, learning how to develop and disseminate culturally appropriate information; build relationships and serve as a bridge between

individuals and institutions. This RAC work is to consider how those competencies align with the oral health work.

### **THW and Oral Health Role Discussion**

Committee members discussed whether or not the Oral Health Worker should be incorporated into the current role or be considered a specialty. It was recognized that not all THWs would necessarily want to be “intervening in somebody’s mouth” or being required to attend extra training hours to fulfill this role. Committee members shared that the industry trend (ex: Providence Oral Health implementation committee) is to have no “walls” or barriers between oral, behavioral and other specialties and inclusion of include oral health roles and training standards would benefit the workers and the patients.

Additionally, there are concerns about limitations created by the Dental Practice Act and whether or not THWs could be approved to apply fluoride varnishes or simply provide education about fluoride varnish. It is also not yet clear what services would be reimbursable.

#### *Provider and Clinical/Non-Clinical Terminology*

The Committee needs to have a shared or common definition of the term “provider” for purposes of this work. THWs are interested in being considered part of the health care team and see themselves as providing a key and valuable service. However, the term “provider” is more commonly used for clinicians. The RAC should develop a common definition specific to this work. It would also be helpful to have a “clinical” versus “non-clinical” discussion. Non-clinical work does not need to be limited to assessment (the health coordinators at Head Start support oral health by educating patients on how to navigate with a provider).

#### *Medicaid Approvals/State Plan Amendments*

In order for the work to be reimbursed, OHA would need to receive approval for THWs to provide identified services. Navigation, risk assessment and fluoride varnish are reimbursable, yet THWs cannot get reimbursed for that work. The CCOs could develop alternative payment methodologies with CMS approval.

#### *Statutory Clarity*

In the case of fluoride varnish, the statute now has no requirement of licensing to provide those services, sometimes they are delivered by teachers. OHA staff will review the Dental Practice Act and language about fluoride varnish and provide updates at the meeting.

## **Oregon Oral Health Coalition Presentation by Tony Finch**

Tony Finch presented a sample training that the Oral Health Coalition is developing to deliver to Providence Promotores de Salud Program. The presentation is attached in the meeting materials.

Key elements of the training include an overview of the prevalence oral health disease; the oral-systemic Connection – in harmony with the idea of oral health integration; causes of tooth decay; prevention; types and uses of fluoride; nutrition; dental sealants as an important tool for prevention; access and navigation of dental care services, including OHP; coverage and eligibility for programs.

The format of the presentation was developed with diverse learning styles considered. The training is being used to train Head Start teachers, as well as to provide a training for trainers. It is hoped that issues around health equity will be integrated into the training.

### **Issues to Address**

#### *Requirement for all THW?*

The goal for some committee members is to train people so that there doesn't need to be a separate conversation about oral health (similar to First Tooth program and oral health education). This approach could work with some THWs but in the case of doulas for example, it's not clear whether or not they could fit in this new information, or feel that this information is not relevant to their practice. There are continuing questions about whether or not this service would be reimbursable also. Committee members shared that the doula could be an important part of oral disease prevention because oral health is critical in pregnancy, and poor or good birth outcomes.

We will be looking into what other states are doing to meet similar goals. For example, Massachusetts developed optional health modules. It may be there is some basic knowledge that can be added to the regular training and then develop another training more comprehensive. An important topic identified by the Committee is oral health literacy. Committee members agreed that in the case of the pregnant woman and the use of THW it is clear that she may be working with different types of THWs involved in her care, so it may not necessarily fall just on doulas in this case. It is important to add some time to devote to the oral health part, so the committee will need to consider how/who.

#### *Billing/Reimbursement*

Billing and reimbursement of THW services are happening in a variety of ways around the State, but codes are currently or being codes developed for certain services, typically under a broader service category. One example is that EOCCO's model is to reimburse for education services if a provider has referred them. An oral health provider

could use the same model. Additionally, given the requirements of the State Plan Amendment, THW services must be “ordered” by a clinician.

### *Opportunities*

In terms of the training piece, THW may be the only ones in connection with underserved / marginalized populations. In terms of billing, there is no reason to have separated billing, and the committee or OHA do not have the authority for that, it would have to come from CMS. It is the opinion of several committee members that dental health in the physical health setting is not often (or never) addressed because there are other emergencies taking priority. Members of the Committee expressed agreement that oral health training and an integrated approach to care by adding the oral health component in some form is important.

Oral health assessment – training would be necessary - with a good understanding, the THW would know what questions to ask.

Additional training and approved activities could add sustainability for THWs.

### *Challenges*

CEUs – THWs must have 30 hours of continuing education for certification renewal.

Topics are being identified, but are currently unclear.

The current requirement for certification is 80 hours of training. With the number of topics required, this means that each subject is minimally covered. Adding three hours of basic oral health training (similar to OR Oral Health Coalition training) presents some challenges, given this issue.

The process of risk assessment referral needs to be clarified because the dentist is the gatekeeper for referral.

Relevancy of training will vary across THWs. The options should be presented to the THW Commission for approval. Committee members had questions re: who would offer the training, whether or not it would be available across the state, if it would be in person or online.

Committee members expressed concerns about creating specialties and having some THWs with the “specialty” of oral health services, while others do not. This would not be an integrated care approach. The challenge is that there are also other issues that are of similar importance (ex: trauma informed care, nutrition and domestic violence) but not all are included. One proposal is to have base level training with the option of another more in-depth module for either specialty or as CE

## Action Items

- OHA Staff** will create a table all the options that have been brought forward, their potential opportunities as well as potential challenges.
- Deborah Loy** will collect and share what other states are doing in regards to oral health and the use of providers that are not licensed for certain services.
- RAC Members:** Come prepared to talk about specific oral disease prevention services – that are appropriate for THWs.

## Public Comment

**Roxanne McAnally**, Oregon Home Care Commission, THW Commissioner

Right now THWs, with the exception of PSS are required to cover 28 topics of competencies listed in rule and there is no nutrition.

Health Systems Division (formerly DMAP) has decided that THW is a provider type and that is the way it will be entered in MMIS with 5 specialties.

Who will supervise this position? Dentist? PCP?

Roxanne recommends that dental education be required for all THW except for PSS.

The State has two commissions that certify THWs, the THW Commission and the Home Care Commission, which certifies home care workers that would like to become THWs.

**Dana ??** Contractor with several CCOs around the state

I think that that THW should be integrated; they should have education around everything the CCO is working on. Adding dental health should solve the issue.

## Next Meeting

Next meeting will be scheduled in November so people have time to review minutes and materials.

Meeting adjourned at 12:02 pm.

## Dental Practice Act (rev. 10/1/15)

### Citations for Fluoride Varnish

#### **680.020 Practice of dental hygiene without license prohibited; applicability of dental hygiene license requirement. (1)**

It is unlawful for any person not otherwise authorized by law to practice dental hygiene or purport to be a dental hygienist without a valid license to practice dental hygiene issued by the Oregon Board of Dentistry.

(2) The requirements of this section do not apply to: ...

....

- (i) Counselors and health assistants who have been trained in the application of fluoride varnishes to the teeth of children and who apply fluoride varnishes only to the teeth of children enrolled in or receiving services from the Women, Infants and Children Program, the Oregon prekindergarten program or a federal Head Start grant program.

**680.026 Application of fluoride varnishes to teeth of children by certain counselors and health assistants.** Counselors and health assistants who have been trained in the application of fluoride varnishes to the teeth of children may apply fluoride varnishes to the teeth of children enrolled in or receiving services or benefits from the Women, Infants and Children Program, the Oregon prekindergarten program or a federal Head Start grant program. [2007 c.379 §6]

**Note:** 680.026 was enacted into law by the Legislative Assembly but was not added to or made a part of ORS chapter 680 or any series therein by legislative action. See Preface to Oregon Revised Statutes for further explanation.

#### **Additional Functions of Dental Hygienists**

In addition to functions set forth in ORS 679.010, a dental hygienist may perform the following functions under the general supervision of a licensed dentist: ...

- (f) Prescribe, administer and dispense fluoride, fluoride varnish, antimicrobial solutions for mouth rinsing or other non-systemic antimicrobial agents.

**Current Competency and Training Requirements for THWs, by role  
Community Health Workers (CHW), Peer Wellness Specialists (PWS), Peer Support Specialists, and Personal Health Navigators (PHNav)**

Role	Core Competencies	Core Training Elements
<p><b>1. Outreach and Mobilization</b></p> <p>Definition: Outreach is the provision of health-related information, including information about health conditions, resources, and services to community members. Mobilization is working with individuals and their natural support systems to assure that community members who may be underserved or less likely to access health care services (because of barriers such as lack of health insurance, limited English proficiency [LEP], lack of information about available services, or social or physical isolation, such as for seniors and people with disabilities) are informed, served and motivated to take action on an individual, family or community level.</p> <p><b>Purpose:</b> The purpose of outreach and mobilization is to support individuals, their identified families, and community members to gain the information and skills needed to effectively engage in healthy behaviors and in the health systems that support them. Traditional Health Workers (THWs) use outreach and mobilization strategies and methods to connect community members and individuals with existing supports and services and to bring services to where people reside and work, and at trusted community sites frequented by community members and individuals potentially in need of services.</p>	<ul style="list-style-type: none"> <li>• Communicate effectively with individuals and their identified families and community members about individual needs, concerns and assets</li> <li>• Identify and document needs and health topics relevant to the priority population, including common strengths, barriers and challenges</li> <li>• Adapt outreach strategies based on population, venue, behavior or identified risks as appropriate to a given population and its self-determined concerns</li> <li>• Engage individuals and community members in ways that establish trust and rapport with them and their families</li> <li>• Create a non-judgmental atmosphere in interactions with individuals and their identified families</li> <li>• Develop and disseminate culturally and linguistically appropriate information to service population regarding available services and processes to engage in services</li> <li>• Document and help create networks and establish partnerships and linkages with other THWs and organizations for the purpose of care coordination, prevention or harm reduction, and enhancing resources</li> <li>• Support individuals and their identified families and community members to utilize care and community resources</li> <li>• Effectively utilize various education and communication strategies to inform and educate individuals and community members about health, health interventions, and available health supports and services</li> </ul>	<ul style="list-style-type: none"> <li>• Outreach Methods</li> <li>• Community Engagement, Outreach and Relationship Building</li> <li>• Communication Skills, including cross-cultural communication, active listening, and group and family dynamics</li> <li>• Empowerment Techniques</li> <li>• Knowledge of Community Resources</li> </ul>
<p><b>New Oral Health Specific:</b></p>	<ul style="list-style-type: none"> <li>•</li> </ul>	

Role	Core Competencies	Core Training Elements
<p><b>2. Community and Cultural Liaising</b></p> <p><b>Definition:</b> Community and Cultural Liaising means creating and supporting connections among individuals and their identified families, community members, providers, health systems, community based organizations and leaders, within a context of cultural beliefs, behaviors, and needs presented by individuals, their families and communities.</p> <p><b>Purpose:</b> To identify and effectively bridge cultural, linguistic, geographic and structural differences which prevent or limit individuals' ability to access health care or adopt health promoting or harm-reducing behaviors.</p> <ul style="list-style-type: none"> <li>Workers must be familiar with and maintain contact with agencies and professionals in the community in order to secure needed care and to build a network of community and professional support for the individuals they serve. They should participate in community, agency, and person-driven health planning and evaluation efforts that are aimed at improving care and bringing needed services into the community. Workers should bring information about individuals' lives that will help the provider team develop relevant health promotion and disease management strategies.</li> <li>When encountering linguistic differences, it is recommended that providers use only qualified and/or certified health care interpreters rather than engaging family members or informal interpreters. This does not preclude THWs who are also qualified or certified health care interpreters.</li> </ul>	<ul style="list-style-type: none"> <li>Advocate for individuals and their identified families, and community groups/populations</li> <li>Recognize and define cultural, linguistic, and social differences, such as differing understandings of: family unity, religious beliefs, health-related beliefs and practices, generational differences, traditions, histories, socioeconomic system, refugee and immigration status and government systems</li> <li>Educate care teams &amp; service systems about community needs and perspectives</li> <li>Build individual, clinical team, and community capacity to support people who seek and receive care by providing information/education on specific health issues and interventions, including identifying and addressing social determinants of health</li> <li>Recognize conflict and utilize conflict resolution strategies</li> <li>Conduct individual needs assessments</li> </ul>	<ul style="list-style-type: none"> <li>Cultural Competency/Cross Cultural Relationships, including bridging clinical and community cultures</li> <li>Conflict Identification and Problem Solving</li> <li>Social Determinants of Health</li> <li>Conducting individual Needs Assessments</li> <li>Advocacy Skills</li> <li>Building Partnerships with local agencies and groups</li> </ul>

<ul style="list-style-type: none"><li>Workers should understand the impact of social determinants of health on health outcomes and be prepared to include strategies that work to improve health outcomes by assisting providers in identifying culturally, linguistically, and community appropriate steps that reduce or remove barriers that may be uniquely impacting health outcomes in a given community.</li></ul>		
<b>New Oral Health Specifics</b>	<ul style="list-style-type: none"><li></li></ul>	

Role	Core Competencies	Core Training Elements
<p><b>3. Case Management, Care Coordination and System Navigation</b></p> <p><b>Definition:</b> Case management, care coordination and system navigation is a collaborative process of assessment, planning, facilitation and advocacy to help people evaluate options and access services.</p> <p><b>Purpose:</b> To meet an individual's holistic health needs through available resources in a timely and efficient manner, which may include recognizing and promoting system-level changes needed to meet individual and community needs. To assure the provision of culturally and linguistically appropriate services. To reduce duplicative, damaging or unnecessarily costly interventions that occur through lack of coordination.</p>	<ul style="list-style-type: none"> <li>• Deliver person-centered information and advocacy</li> <li>• Provide timely and accurate referrals</li> <li>• Work effectively across multidisciplinary teams</li> <li>• Demonstrate and communicate understanding of public and private health and human services systems</li> <li>• Coordinate between providers, teams and systems providing care &amp; services</li> <li>• Assure follow up care and support individual and providers to maintain connections throughout treatment process</li> <li>• Disseminate information to appropriate individuals</li> <li>• Understand and maintain ethical boundaries between self and individual or family being served</li> <li>• Describe individual(s)' rights and confidentiality clearly and appropriately, including informed consent and mandatory reporting requirements</li> <li>• Utilize crisis management techniques</li> <li>• Complete accurate and timely documentation of care processes, including effectively using tools such as computer programs, databases, charts and other documentation materials needed by supervisor/care team</li> <li>• Assist individual (and identified family members as appropriate) to set goals and collaboratively plan specific actions to reach goals</li> <li>• Assist people with paperwork needed to access services</li> <li>• Assist people to access basic needs services (e.g. food, housing, employment, etc.)</li> </ul>	<ul style="list-style-type: none"> <li>• The Role of Traditional Health Workers</li> <li>• Roles and Expectations for Working in Multidisciplinary Teams</li> <li>• Ethical Responsibilities in a multicultural context</li> <li>• Legal Responsibilities</li> <li>• Paths to Recovery (specific to worker type)</li> <li>• Data Collection and Types of Data</li> <li>• Organization Skills and Documentation, including use of HIT</li> <li>• Crisis Identification, Intervention and Problem-Solving</li> <li>• Professional Conduct (including culturally appropriate relationship boundaries and maintaining confidentiality)</li> <li>• Navigating public and private health and human service systems (state, regional, local)</li> <li>• Working with caregivers, families, and support systems, including paid care workers</li> </ul>
<p><b>New Oral Health Specifics</b></p>		

Role	Core Competencies	Core Training Elements
<p><b>1. Health Promotion and Coaching</b></p> <p><b>Definition:</b> Case management, care coordination and system navigation is a collaborative process of assessment, planning, facilitation and advocacy to help people evaluate options and access services.</p> <p><b>Purpose:</b> To meet an individual's holistic health needs through available resources in a timely and efficient manner, which may include recognizing and promoting system-level changes needed to meet individual and community needs. To assure the provision of culturally and linguistically appropriate services. To reduce duplicative, damaging or unnecessarily costly interventions that occur through lack of coordination.</p>	<ul style="list-style-type: none"> <li>Define and describe basic disease processes including chronic diseases, mental health, and addictions, basic warning signs and symptoms</li> <li>Define and describe basic dynamics of traumatic issues impacting health, such as historical and cultural trauma, child abuse, domestic violence, self harm, and suicide</li> <li>Motivate individual to engage in behavior change, access needed services and/or advocate for themselves</li> <li>Provide coaching and support for behavior change (self-management), including responding to questions and/or fears, offering multiple examples of desired changes and potential outcomes, and using appropriate and accessible formats for conveying health information</li> <li>Collect and apply knowledge of individuals' history and background, including experiences of trauma, to inform health promotion and coaching strategies</li> <li>Assist individual to set goals and collaboratively plan specific actions to reach goals</li> <li>Provide informal emotional or psychological support through active listening, paraphrasing and other supportive techniques</li> <li>Support and empower individuals to choose from treatment options where available and support adherence to treatment choice</li> </ul>	<ul style="list-style-type: none"> <li>Introduction to Disease Processes including chronic diseases, mental health, and addictions (warning signs, basic symptoms, when to seek medical help)</li> <li>Trauma-Informed Care (screening and assessment, recovery from trauma, minimizing re-traumatization)</li> <li>Health Across the Life Span</li> <li>Adult Learning Principles - Teaching and Coaching</li> <li>Stages of Change</li> <li>Health Promotion Best Practices</li> <li>Self-Care</li> <li>Health Literacy Issues</li> </ul>
<p><b>New Oral Health Specifics</b></p>		

### Training requirements specific to THW type

CHW = Community Health Worker, PWS = Peer Wellness Specialist, PH Nav. = Personal Health Navigator, Doula

Role	Supplemental Training Elements	CHW	PWS	PH Nav.	PSS	Oral Health
1. Outreach and Mobilization	Self-Efficacy	X	X			
	Community Organizing	X				
	Group Facilitation Skills	X	X			
2. Community and Cultural Liaising	Conducting Community Needs Assessments	X				
3. Case Management, Care Coordination and System Navigation	<i>No training elements recommended beyond core that applies to all three worker types</i>					
4. Health Promotion and Coaching	Popular Education Methods (Community Health Workers)	X				
	Cultivating Individual Resilience (Peer Wellness Specialists)		X			
	Recovery Model (Peer Wellness Specialists)		X			
	Healthcare Best Practices (specific to fields of practice)	X (specific to field of practice)	X (specific to field of practice)	X (specific to field of practice)		
	Wellness within a specific disease (Personal Health Navigator)			X		
Doula Specific Requirements	Basic health screenings (e.g. blood pressure measurement)	X (specific to job role)				
	Motivational interviewing	X	X			