



Community Health Worker Certification Requirements by State

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Community Health Workers (CHW) are increasingly recognized for their powerful potential role in improving today's health care system. Recent studies have demonstrated that CHWs can help to reduce costs and improve care – key goals of most state's health care priorities.¹ For this reason, many states are currently working to promote and formalize Community Health Workers' role within the state health care system. Though there are some common themes in approaches states are choosing to develop CHW models, there is great variability in models and levers they are using to develop CHW models. The wide breadth of CHW models provides many options for states considering developing a CHW certification process.

The chart on the following pages includes 15 states that are moving toward or have established training and/or a certification process for CHWs as of December 2015. States' processes may have evolved after that date. Information in the chart below were gathered from both national resources such as The National Academy for State Health Policy (NASHP) and its State Refor(u)m, as well as state agency and regional CHW organization websites.

Community Health Worker Legislation and Payment

Ten of these states' efforts (AK, IL, MD, MA, MN, NM, OH, OR, RI, TX) are guided by legislative authority that either establishes a board or workgroup to make recommendations around CHW certification and training, or requires certain credentials of CHWs in order to receive payment for publicly funded health care services.

Community Health Worker Certification

In many states private nonprofit organizations that focus on the promotion of the CHWs have a key role in training and certifying CHWs. Certification typically includes classroom training on core competencies, a practicum or internship experience and an evaluation of skills and/or knowledge. It is important to note that in most states that have established CHW certification processes, certification is voluntary. Certification is required in four states (TX, OR, MN, SC) to be eligible for payments from public payers such as Medicaid. Almost every state that has or is in the process or establishing a certification process is offering a "grandfathering" process to recognize current CHWs' experience and expertise and count it toward CHW certification.

1 Katharine London, Margaret Carey, and Kate Russell. *Tomorrow's Health Care System Needs Community Health Workers: A Policy Agenda for Connecticut*. Connecticut Health Foundation, July 2015.

| State | Current Status | Certification/ Credentialing and Supervision Requirements | Core Competencies | Continuing Education | Certifying Entity |
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| ALASKA | Alaska operates the Community Health Aide Program (CHAP) which provides community health aide grants for third-parties to train community health aides as Community Health Practitioners (CHPs). Trainees must complete an examination at the conclusion of the training. | The CHAP Certification Board has a certified 3-4 week intensive training course; completion of designated number of practice hours and patient encounters; postsession learning needs and practice checklists; 200 hours village clinical experience; preceptorship; 80% or higher on CHAP exam, and 100% on statewide math exam. Four regional training centers. Physician supervision is required for reimbursement for CHA services. | 1. An understanding of problem specific complaints (acute care) of body systems (eye, ear, respiratory, digestive and skin) 2. Competency in following subjects: Role of the community health aides Community health aide's and practitioner's general scope of work Medical ethics, including patient confidentiality and rights Community health aide's and practitioner's medical-legal coverage State of Alaska reporting requirements Consent for treatment issues Introductory interviewing skills General health/wellness and disease processes Infection and communicable diseases Introductory anatomy and function of the human body Introductory medical vocabulary/abbreviations Importance of thorough documentation of patient encounter Introductory mental health issues, including suicide and other emergencies Introductory pharmacology, including identification and treatment of severe allergic reactions Emergency care including facial trauma, altered level of consciousness, potentially serious chest pain, acute orthopedic injuries, burns, hypothermia, poisoning, and uncomplicated emergency delivery 3. Satisfactory performance of various health care related skills (See Certification Board Standards and Procedures for full list). | All Community Health Aides and Practitioners must document a minimum of 48 hours of ongoing education or CME every two years. CHPs much take at least 144 hours of CME every 6 years to become recertified. | Community Health Aide Program Board |
| ARIZONA | No legislation currently exists around CHWs. The Arizona Department of Health Services is currently creating standards for CHW training and preparation as a step in the certification process. Legislation on CHW is being explored by the Arizona CHW Workforce Coalition for 2016. | Arizona Community Health Outreach Worker Association is developing a voluntary certification process for CHWs which will include a grandfathering option. | AZ CHW Workforce Coalition Core Competencies: 1. Communication 2. Interpersonal Skills 3. Knowledge Base 4. Service Coordination 5. Capacity Building 6. Advocacy 7. Teaching 8. Organizational Skills | | Currently three voluntary CHW certifications are available through Community Colleges in the state. |
| CALIFORNIA | California's CalSIM Workforce Group is developing recommendations regarding CHW training and credentialing. | Pending | The Workforce Work Group Report outlines several components of CHW Core Competencies: Personal Qualities: Cultural connection/relationship to the community Empathy, compassion Interpersonal relationship building Motivational Leadership Flexible and problem solving ability (continued) | | TBD |

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| CALIFORNIA (continued) | (continued from page 2) The CA State Innovation Model (CalSIM) Design Grant, approved by CMS in April 2013, required production of a Statewide Health Care Innovation Plan (SHCIP). Six private sector work groups reported on payment and public policy recommendations for the state's final SCHIP submitted to CMMI; the CalSIM Workforce Work Group is one of these 6 work groups. | | (continued from page 2) Skills: Listening skills Communication skills Service coordination skills Training/ability to teach Facilitation Health promotion/education Advocacy skills Research skills Knowledge base Health coaching Innovation Plan Initiative-specific skills: Ex. knowledge of particular disease or condition Work-setting related skills: Organizational skills Computer skills Data entry skills for electronic health records | | TBD |
| FLORIDA | The Florida CHW Coalition (FCHWC) is moving towards voluntary certification, administered by the Florida Certification Board. A written exam will be developed in 2015, with full credentialing in 2016. Certified CHW (CCHW) designation was extended from Jan 1 2015 to June 30 2016; the purpose of this grandfathering is to provide current practitioners an opportunity to earn certification without taking additional trainings or exams. | The Florida CHW Coalition (FCHWC) has developed 30 hours of training for certification: 20 hours from 5 domains, 10 hours of electives. To be grandfathered, CHWs must: Document at least 500 hours of paid or volunteer experience providing CHW services in the past 5 years Document at least 30 hours of training in the core competencies in the past 5 years Submit two letters of reference validating the CHW's experience and training | 30 hours of training for Grandfathering certification includes 28 CHW tasks in five performance domains (4 hours each) and 10 hours of electives: 1. Communication and Education 2. Resources 3. Advocacy 4. Foundations of Health 5. Professional Responsibility | Certified CHWs must renew their certification every two years. | The certifying entity will be a third-party entity approved by the Florida Department of Health. |
| ILLINOIS | Illinois established a Community Health Worker Advisory Board by legislation in November 2014. The Board is charged with advising the governor and legislature on core competencies, a training and certification process, reimbursement options, and other issues. | Pending | Pending The 2014 legislation includes a list of core competencies for consideration by the board, including, but not limited to: 1. Outreach methods and strategies; 2. Client and community assessment; 3. Effective community-based and participatory methods, including research; 4. Culturally competent communication and care; (continued) | Pending | Pending |

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| ILLINOIS (continued) | | Pending | (continued from page 3) 5. Health education for behavior change; 6. Support, advocacy, and health system navigation for clients; 7. Application of public health concepts and approaches; 8. Individual and community capacity building and mobilization; and 9. Writing, oral, technical, and communication skills. | Pending | Pending |
| INDIANA | An Integrated Care Community Health Worker and Certified Recovery Specialist Training and Certification Program has been approved by the Indiana Division of Mental Health and Addiction and the State Department of Health. | CHWs are required to complete a 3 day training and final exam. Certified CHWs may serve in outpatient medical/behavioral setting, including hospitals, medical clinics, schools, churches and community centers. | Training modules include: Communication skills Engagement skills Motivational interviewing Cultural understanding Prevention Chronic illness Behavioral health Home visiting Outreach Advocacy | 14 hours of continuing education credits are requested each year to maintain certification. | Training is provided by the Affliated Service Providers of Indiana as a state selected vendor. The training is jointly approved by the Indiana Division of Mental Health and Addiction and the State Department of Health. |
| KENTUCKY | The Kentucky CHW Workgroup is developing recommendations and a process for certification. Lead state agency is the Department for Public Health. | Kentucky Homeplace was established in 1994 for rural coal-mining populations. Its training program requires 40 hours of classroom and online instruction and an 80-hour practicum. | No current state training. Kentucky Homeplace competencies include: 1. Introduction to Community Health Workers 2. Communication and Health Literacy 3. Use of Public Health Concepts and Approaches 4. Health Coaching Chronic Conditions 5. Outreach and Advocacy 6. Care Coordination and System Navigation 7. Documentation Reporting and Outcomes Management 8. Legal, Ethical and Professional Conduct 9. Research | | |
| MASSACHUSETTS | Massachusetts established a CHW certification board in the Department of Public Health, as authorized by Chapter 322 (enacted 2010). Regulations are awaiting approval by an independent CHW certification board and then by the state. | 80 hours class room training in a combination of core competencies and special health topics from a state-approved training program. Credentialing pathway for individuals with 4,000 hours relevant work experience. "Work only" pathway will be phased out 3 years after the state certification program begins. | Outreach Methods and Strategies Individual and Community Assessment Effective Communication Culturally-based communication and care Health Education for Behavior Change Support, Advocacy and Coordination of Care for Clients Application of Public Health Concepts and Approaches Advocacy and Community Capacity Building Documentation Professional Skills and Conduct | 15 hours continuing education every 2 years. | Massachusetts Board of Certification of Community Health Worker, located within the Department of Public Health Division of Health Professions Licensure. |

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| MARYLAND | The Maryland Department of Health and Mental Hygiene (DHMH) and the Maryland Insurance Administration (MIA) created a stakeholder workgroup to study and make recommendations regarding CHW Workforce Development, as mandated by HB856/ SB592 (enacted 2014). The final report to the General Assembly was submitted June 2015. | Workgroup recommendations: 2 tier certification process: • Tier 1 – pre-certified CHW requiring 80 hours of training • Tier 2 – Certified CHW requiring 160 hour training curriculum that be a flexible combination of classroom and practicum | Workgroup recommendations: Core Competencies 1. Effective oral and written communication skills 2. Cultural competency 3. Knowledge of local resources and system navigation 4. Advocacy and community capacity building skills 5. Care coordination skills 6. Teaching skills to promote healthy behavior change 7. Outreach methods and strategies 8. Ability to bridge needs and identify resources 9. Understanding of public health concepts and health literacy 10. Understanding of ethics and confidentiality issues 11. Ability to use and understand health information technology | N/A | Workgroup recommended creating a certification board that would approve CHW curriculum and CHW training programs. |
| MINNESOTA | Minnesota requires CHW Certification for billing for CHW services covered under Minnesota Health Care Programs (MHCP) and Medicaid. However, CHW certification is not required for employment. | 14 credit hours. One semester for full-time and 2 semesters for part time students. To work as a Medicaid-approved provider CWH must be supervised by a physician, advanced practice nurse, public health nurse work in a unit of government, dentists and mental health professional who is also enrolled in the MN Medicaid Program. Grandfathering is available to CHWs who have at least 5 years of experience supervised by an enrolled clinician. | Core Competencies 1. Role, Advocacy and Outreach 2. Organization and Resources 3. Teaching and Capacity Building 4. Legal and Ethical Responsibilities 5. Communication and Cultural Competence Health Promotion Competencies 1. Healthy Lifestyles 2. Heart Disease & Stroke 3. Maternal, Child and Teen Health 4. Diabetes 5. Cancer 6. Oral Health 7. Mental Health | Continuing education is not mandatory but often available through worksites and in the community. | Accredited Minnesota post-secondary schools offering CHW curricula (The training entity provides the certificate. The Medicaid Program grants a Medicaid provider number with proof of certification.) |
| MISSOURI | The Missouri Department of Health and Senior Services is establishing a pilot project in Kansas City area to certify CHWs and standardize curriculum. Metro Community College offers a CHW certificate training program adapted from Minnesota's CHW curriculum. The MO Department of Health and Senior Services to decide if this curriculum will become the state standard. | 160 hours, 60 service (practicum hours) | Core competencies include: 1. Communication 2. Organization and resources 3. Life style choices 4. Cultural beliefs and healthcare 5. Legal and ethical considerations 6. Employability skills. | Tuition reimbursement will be available for those enrolling in a CHW Certificate program. | No central certifying entity. |

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| MISSISSIPPI | Tougaloo College/ Central Mississippi Area Health Education Center (CMAHEC) is currently working with the Mississippi State Department of Health's Office of Preventive Health and other organizations to develop a standardized program for certifying community health workers (CHW) within the state of Mississippi covers CHW services under the auspice of "general education" and not a specific billing code. | Tougaloo College/Central Mississippi Area Health Education Center and the state Department of Health | | | Tougaloo College |
| NEW MEXICO | The New Mexico Department of Health administers a voluntary, statewide certification program for CHWs. | For New CHWs: • 100 hour core competency training through the Office of CHWs or complete a Department of Health endorsed curriculum. • Application to OCHW • Background check For CHW with previous experience grandfathering certification: • Verification by a current or former supervisor of proficiency in the core competencies. • Two letters of reference on agency/program letterhead. • Applicants must provide formal, verifiable documentation to support each requirement. • 2000 clock hours of formal CHW work and/or volunteer CHW experience within the scope of work and core competency field. • Grandfathering application and background check. | CHW Profession Effective Communication Interpersonal skills Health coaching Service Coordination Advocacy Technical Teaching Community Health Outreach Community Knowledge & Assessment Clinical Support Skills (optional) | 30 hours of CEUs as approved by the Department of Health every 2 years Re-certification required every 2 year: • Application fee (\$45) • Proof of at least 30 CEUs • Criminal history screening every 4 years. | New Mexico CHW Certification Board, New Mexico Department of Health |

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| NEW YORK | There are presently no regulations for CHWs. NYSHealth Foundation is investing in a statewide CHW initiative through partnerships with CHWs statewide and Columbia University's Mailman School of Public Health to establish sustainable financing for the CHW workforce. Also, CHWs are optional team members of Health Home care teams in NY's 2012-2013 state plan amendment (SPA). | None identified | None identified but the 2011 report from the NYS CHW Initiative reported that the work group created a CHW Scope of Practice: Roles and Related Tasks, including: Outreach and community mobilization Case management and care coordination Home-based support Health promotion and health coaching System navigation Participatory research | | None identified |
| ОНІО | The Ohio Board of Nursing issues and renews CHW certificates, as authorized by HB 95 (enacted 2003). The certifications are to be renewed biennially. | Training program must be approved by the Board of Nursing; at least 100 hours of classroom instruction and 130 hours of clinical instruction, standard training exam. Certification needed in order to perform tasks delegated by a nurse. Only an RN may supervise a CHW when performing delegated activities related to nursing care. Grandfathering for those employed as CHWs before 2005. | The standard minimum curriculum for community health workers shall include courses, content, and expected outcomes, relative to the defined role of the community health worker, in the following major areas: 1. Health care 2. Community resources 3. Communication skills 4. Individual and community advocacy 5. Health education 6. Service skills and responsibilities The standard minimum curriculum for community health workers shall also educate students on needs throughout the span of a lifetime including the following: 1. The family during childbearing years 2. The family during pregnancy 3. The newborn, infant, and young child 4. Adolescents 5. Special health care and social needs of target populations such as grandparents raising grandchildren, adults caring for aging parents, and children and adults with disabilities | 15 hours continuing education every 2 years. | Ohio Board of Nursing |
| OREGON | The Oregon Health Authority certifies Traditional Health Workers. | 80 hours of mandatory training to qualify for reimbursement by the Oregon Health Plan (Medicaid). | 1. Outreach Methods; 2. Community Engagement, Outreach and Relationship Building; 3. Communication Skills, including cross-cultural communication, active listening, and group and family dynamics; 4. Empowerment Techniques; (continued) | 20 hours of continuing education are required every 3 years for Traditional Health Workers (THW). Continuing education offered statewide. | Oregon Health Authority certifies Traditional Health Workers who provide services funded by Medicaid. (continued) |

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| OREGON (continued) | (continued from page 7) HB 3407 (2013) established the Traditional Health Worker Commission, which oversees CHWs, Peer Support and Peer Wellness Specialists, Personal Health Navigators, and Doulas. HB 3650 (enacted 2011) mandated the Oregon Health Authority to develop education and training requirements that meet federal requirements to qualify for financial participation. The Oregon Health Policy Board established the Non-Traditional Health Worker Subcommittee to create core competencies, education and training requirements. | (continued from page 7) Certification requires a written exam, performance based demonstration, and a professional portfolio of the CHWs previous work, experience, skills, and accomplishments. Grandfathering is available to those who have worked over 3,000 hours in the past five years, and completed additional training. | (continued from page 7) Knowledge of Community Resources; Cultural Competency and Cross Cultural Relationships, including bridging clinical and community cultures; Conflict Identification and Problem Solving; Social Determinants of Health; Conducting Individual Needs Assessments; Advocacy Skills; Building Partnerships with Local Agencies and Groups; The Role and Scope of Practice of Non-Traditional Health Workers; Roles and Expectations for Working in Multidisciplinary Teams; Ethical Responsibilities in a Multicultural Context; Legal Responsibilities; Data Collection and Types of Data; Crisis Identification, Intervention and Problem-Solving; Professional Conduct, including culturally-appropriate relationship boundaries and maintaining confidentiality; Navigating Public and Private Health and Human Service Systems, including state, regional, local; Working with Caregivers, Families, and Support Systems, including paid care workers; Introduction to Disease Process including chronic diseases, mental health, and addictions (warning signs, basic symptoms, when to seek medical help); Trauma-Informed Care (screening and assessment, recovery from trauma, minimizing re-traumatization); Health Across the Life Span; Adult Learning Principles Teaching and Coaching; Stages of Change; Health Promotion Best Practices; Self-Care; and Health Literacy Issues. | | (continued from page 7) Private training entities may apply to the certification board for approval of training programs. |
| RHODE ISLAND | Rhode Island does not require licensure or certification, but endorses the Community Health Worker Association of Rhode Island training program. | 30 hours of classroom learning and 80 hours of field experience. No grandfathering process. | Skills outlined in CHWARI Training: 1. Advocacy 2. Current Workforce Issues 3. Working with Children and Families 4. Communication Skills 5. Cultural Competency Committee of CHW employers and supporters developed the certification curriculum, using standards approved by national CHW interest groups, as well as needs defined by RI stakeholders. | RIC Outreach and Community Health Worker Association of Rhode Island (CHWARI). Training is supported and endorsed by the Rhode Island Department of Health. | The Community Health Worker Association of Rhode Island (CHWARI) offers certification training for CHW. Training is endorsed by the Rhode Island Department of Health. |

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| SOUTH CAROLINA | The South Carolina Department of Health created the Health Access at the Right Time (HeART) Committee, which is working to create a standard definition of CHW and a scope of practice. In 2013, the HeART Committee established the CHW Pilot Project that is currently in Phase I and connects with primary care practices that employ CHWs with supervision. The Department of Health also created a CHW certification demonstration program. The HeART Committee is currently seeking a formal body to certify CHWs and other non- clinical providers. The Department of Health is developing a Medicaid State Plan Amendment to authorize Medicaid payment for CHW services. | 120 classroom hours; internship/mentorship required. Grandfathering requires at least 3 years of experience with community outreach. Documentation from employer is required, and CHW candidate must pass the CHW certification exam. CHWs must have a designated supervisor. | 1. Outreach methods and strategies 2. Client and Community Assessment 3. Effective Communication 4. Culturally Appropriate Communication and Care 5. Health Education and Behavior Change 6. Information about Common Chronic Diseases 7. Support, Advocate and Coordinate Care for Clients 8. Apply Public Health Concepts and Approaches 9. Community Capacity Building 10. Writing and Technical Communication Skills 11. Ethics | After one year grant period, ongoing training will be the responsibility of the primary care practice or MCO employer. | The South Carolina Department of Health and Human Services certifies CHWs. |
| TEXAS | Texas was the first state to develop legislation to govern CHW activities in 1999. Texas offers a Promotor(a) or CHW certification program and requires CHW programs in health and human services agencies to hire state-certified CHWs when possible. A 2001 law required the Department of State Health Services (DSHS) to establish a CHW training program. | 160 classroom hours State requires CHWs to show completion of an approved training program to receive certification, but there is no direct evaluation or assessment of their skills and knowledge. Experience can substituted for completion of training for CHWs with 1000 cumulative hours of CHW services within most recent 6 years. | The established core competencies include: 1. Communication skills 2. Interpersonal Skills 3. Service Coordination Skills 4. Capacity-Building Skills 5. Advocacy Skills 6. Teaching Skills 7. Organizational Skills 8. Knowledge Base on Specific Health Issues | 20 contact hours of continuing education every two years. | Department of State Health Services |

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