



## POLICY OPTIONS IN BRIEF

**Option:** Provide additional funding to VDH for CHW services and to remove restrictions on use of such funds (Option 11, pg. 50).

**Option:** Direct VDH to report on current needs for and impact of CWHs at the state and local health departments (Option 12, pg. 51).

**Option:** Direct DMAS to convene a work group of stakeholders to design a state plan amendment for CHW services (Option 13, pg. 52).

**Option:** Direct DMAS to convene a workgroup to identify opportunities to expand use of CHWs by Medicaid MCOs (Option 14, pg. 54).

**Option:** Direct DMAS, DBHDS, and other relevant stakeholders to convene a workgroup to determine feasibility of flexible training standards to allow CHWs to obtain the same certifications as other lay health community-based providers (Option 15, pg. 56).

**Option:** Provide funding to support CHW workforce efforts through the Virginia CHW Association (Option 16, pg. 57).

# Extending Health Care Access: Community Health Workers

## FINDINGS IN BRIEF

### **Virginia has taken steps to expand access to services provided by CHWs, but insufficient funding continues to be a barrier**

During the 2024 Session, the General Assembly appropriated \$3.2 million per year in FY 2025 and FY 2026 to support CHW positions at local health districts but did not fund the full \$5.2 million amount requested by VDH. Appropriating additional general funds to VDH to cover the full cost of supporting CHW positions at local health departments could ensure that CHWs remain available to provide necessary services in their communities. A more comprehensive review could allow VDH to determine the need for and capacity of state and local health departments to support CHWs and could help VDH better determine the funding needs of state and local health department CHW programs on an ongoing basis.

### **Access to CHW services could be expanded by leveraging Virginia's Medicaid program as a sustainable funding mechanism**

At least 24 states offer Medicaid reimbursement for CHW services, either through a Medicaid state plan amendment or contracts with managed care organizations. Virginia could implement either option to leverage Medicaid reimbursement for the services CHWs provide. Virginia could also provide reimbursement for services provided by CHWs by developing opportunities for CHWs to become eligible for reimbursement for other services already reimbursed by the state's Medicaid program.

### **CHWs need ongoing workforce development opportunities to avoid burnout and support retention**

Providing state support to a CHW professional organization can help ensure there is access to mentorship, advocacy, and training opportunities to engage the CHW workforce.