Kentucky Office of Community Health Workers

Approved CHW Training Organization & Certified CHW Instructor Webinar

December 14, 2022

Purpose

- Describe the <u>process</u> to become an approved CHW training organization and certified CHW instructor

- Review the <u>eligibility requirements</u> for CHW training organization approval and CHW instructor certification

- Review the <u>application process</u> for CHW training organization approval and CHW instructor certification

- Provide space for questions and clarification

Background

- This process began in 2018 with the CHW Advisory Workgroup Curriculum Sub-Committee
  - This group, which consisted of partners and subject matter experts collaborated to create the initial process and competency matrix

- House Bill 525 passed in 2022
  - Language states that "The department shall:
    - (2) Approve competency-based training programs and training providers, which shall include the Kentucky Community and Technical College System"

Training Organization Approval - Overview

- Process launches in January of 2023

- Organizations who wish to provide CHW Tier 1 (baseline) training must apply to the Kentucky Office of Community Health Workers (KOCHW) for approval

- Application via REDCap

- Initial and renewal fee paid to KOCHW

- All approved organizations will be listed on the KOCHW webpage

Qualifications

🛡 All applicants must:

- Have a physical location in Kentucky
- Have at least two (2) years of experience training Community Health Workers and/or other health care professionals or paraprofessionals
- Not be on the Medicaid excluded provider list
- Include information on the registration/enrollment process, class cost, training methodology, course completion requirements, training evaluations, skills assessment and instructional staff.
- Submit the entire Tier 1 CHW curriculum
- Payment of application fee to the KOCHW

🛡 Strongly encourage the use of current or former CHWs as part of instructional staff

🛡 All trainers must apply for certification through the KOCHW within the first year of training organization approval

Fees

- Each organization is required to pay an initial application and renewal fee.
  - All fees are non-refundable
- Fees can be paid via the online portal with credit card or e-check
- Organizations may also request an invoice from the KOCHW
  - Initial fee $4,500
  - Renewal fee $3,000

CHW Core Competencies

1. Communication

2. Use of Public Health Concepts and Approaches

3. Organizational and Community Outreach

4. Advocacy and Community Capacity Building

5. Care Coordination and System Navigation

6. Health Coaching

7. Documentation, Reporting and Outcome Management

8. Legal, Ethical and Professional Conduct

Application Process

For CHW Training Organizations
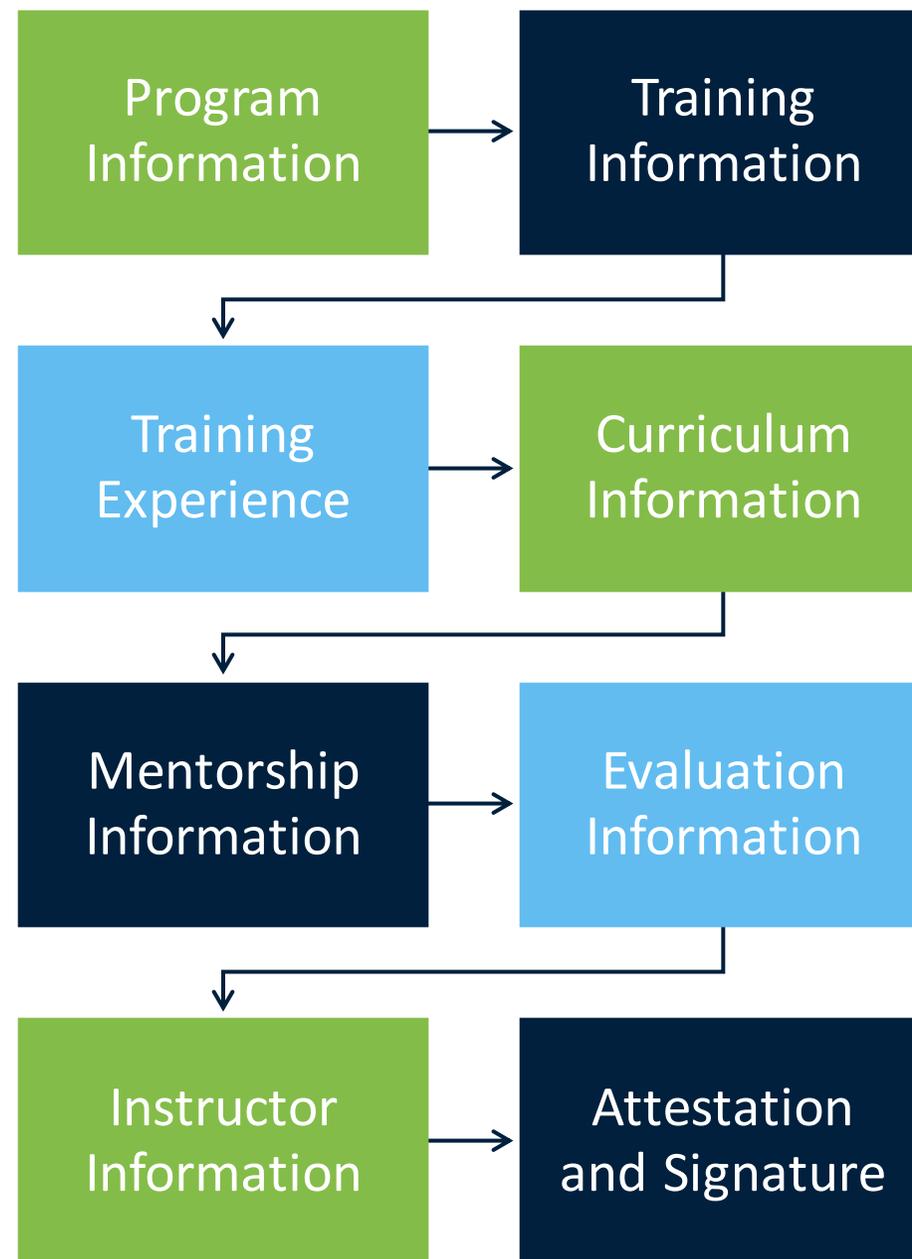
Application

Application Materials

Below is a checklist of required materials that must be **submitted via the online application**

Application Materials Checklist
☐ Application for Approved CHW Training Organization (this document)
Including attachments:
☐ Attendance record sample
☐ Certificate of Completion sample
☐ Participant Course Evaluation
☐ Participant Skill Assessment sample
☐ Other evaluation samples (if applicable)
☐ All Instructor CVs or Resumes
☐ Completed Curriculum Matrix
☐ All Curriculum Materials

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Program Information  →  Training Information
                              ↓
Training Experience  →  Curriculum Information
                              ↓
Mentorship Information  →  Evaluation Information
                              ↓
Instructor Information  →  Attestation and Signature
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Program Information

Section 1: Program Information

Program Information
Name of Program:
Program Manager: Title:
Email: Phone Number:
Program Website:
Program Address:
City: State: Zip Code:

Training Information

Training Information
Registration/Enrollment - Specify registration policies, enrollment procedures and requirements
Cost - Is there a cost for participants to enroll in your program?   ☐ Yes ☐ No If Yes – what is the cost? _____
Frequency of Training – How often is training provided each year?   ☐ Annually   ☐ Twice a year   ☐ Quarterly   ☐ Monthly   ☐ Other (please explain) _____
Language – Training will be offered in: (check all that apply)   Certification Training: ☐ English ☐ Spanish ☐ Other (please list) _____
Attendance Record - Each training organization must retain an accurate attendance records for each participant for five years from the date of their completion of the training program. **Attach a sample attendance record** – The format should include:

• Name of Training Organization • Title of Training • Date Training Held or Completed • Total Contact Hours and Core Competencies Covered	• Location of Training (City) • Instructor Name • List of Participants Completing the Training – with contact information such as address, phone, and email

Certificate of Completion - Each training organization much provide (and retain copies of) a certificate of completion for each CHW that successfully completes their training program. **Attach a sample copy of the certificate of completion. The certificate must include:**

• Name of Training Organization • Title of Training	• Name of CHW who completed the training • Date the training was completed

Training Experience

Core Competencies

List the organization's experience training Community Health Workers in the past two years.

Training Experience
Location of Training (full address):

Dates of Training (MM/YY) _____/_____ to _____/_____	Length of Training (# of hours)
Course/Program Title:	**Target Audience:**

Number of Contact Hours Per Competency:

_____ Communication	_____ Care Coordination & Systems Navigation
_____ Use of Public Health Concepts & Approaches	_____ Health Coaching
_____ Organizational & Community Outreach	_____ Documentation, Reporting, & Outcome Management
	_____ Legal, Ethical, & Professional Conduct
_____ Advocacy & Community Capacity Building	

Program Narrative (including training description and objectives)

Curriculum Information

Section 4: Curriculum Information

Please fill out a table for **each module/course** in your curriculum. You may add additional tables if needed. **Please Note: Each module should focus on interactive learning.**

Curriculum Information	
Module/Course Name:	
Setting:: ☐ In Person ☐ Online ☐ Blended	**Length (in hours):** Click or tap here to enter text.
Course Description:	

Mentorship Information

Section 5: Mentorship Information

All Certified CHWs who apply based on completion of a qualified training are required to complete a 40-hour mentorship experience. During that time, the CHW will work with a supervisor or experienced CHW practice skills learned in the Tier 1 CHW training.

> If applicable, please describe how your organization identifies and places students with appropriate CHW mentorship opportunities. If your organization provides mentorship directly, please describe the process used to verify that the CHW in training can demonstrate the approved Community Health Worker Core Competencies and mentorship requirements. If applicable, please attach a sample documentation form, which includes where the CHW was placed, and the start/completion dates of the mentorship.

Outline how your organization places students with mentorship opportunities OR the process used to verify CHW demonstration of CHW Core Competencies.
1. Communication
2. Use of Public Health Concepts and Approaches
3. Organizational and Community Outreach
4. Advocacy and Community Capacity Building
5. Care Coordination and System Navigation
6. Health Coaching
7. Documentation, Reporting and Outcome Management
8. Legal, Ethical and Professional Conduct

Evaluation and Assessment Information

Section 6: Evaluation and Assessment Information

Evaluation and Assessment Information		
Participant course evaluation tool included. (required)	☐ Yes	☐ No
Participant skill assessment included. (required))	☐ Yes	☐ No
Training pre-test/post-test and/or learning checks included? (recommended)	☐ Yes	☐ No
Include information on any other method(s) to be used for evaluation (Ex. Outcome evaluation, process evaluation, mixed methods) of training or the acquisition of knowledge and mastery of skills by the individual.		

Instructor Information

Section 7: Instructor Information

Please include the required information for **all** instructors, including guest speakers. You may include additional tables if needed. Remember to include all instructor CVs and indicate the certification track. Guest speakers are not required to apply for certification.

Instructor Information		
Instructor Name:		**Instructor Email:**
Length of time with Organization:		
Type of Work: ☐ Paid Staff	☐ Volunteer	☐ Contractor
Modules/Courses Taught:		
Describe the instructor's experience training Community Health Workers:		
Certification Track: ☐ Training	☐ Experience	☐ N/A (guest speaker)

The Matrix

- Interactive teaching strategies should be used for the core competencies.

- Provide the document file name of the corresponding module or course that meets the specific competency and objective and provide the page number for that specific item.

- Once the information is completed on this matrix, save as a Word or PDF document and upload into the application.

- The curriculum submitted should be saved as a Word, Power Point and/or PDF document(s).
  - Any video or other media to be used should be submitted with the curriculum.

- Applicants should ensure that all materials are submitted together, via online application.

Each competency will have a section and specific curriculum requirements:

Core Competencies of the Quality Curriculum	Specifics for the Curriculum	Completed by Submitter of the Curriculum Provide document file name of the corresponding core competency and then provide the page number for each specific item in the core competency. Example: CHW Teach Back *(file name)*, Page 3	Completed by the Reviewer Meets	Does Not Meet
CORE COMPETENCY 1. COMMUNICATION *Recommended as In-person, face to face format* *A majority of the training in this competency is:* ☐In Person ☐Online ☐Mixed *Approximately how many hours of training are dedicated to this competency?* _____	**CORE COMPETENCY 1: COMMUNICATION** *Effective and purposeful communication is listening carefully and communicating respectfully in ways that help build trust and rapport with clients, community members, colleagues, and other professionals. Effective communication includes a mix of listening, speaking, gathering, and sharing information, and resolving conflict.* **Curriculum shall:**			
	Define cultural competency and discuss the role and importance of cultural competency in meeting the needs of special populations in the CHW's area.	File Name: Page No.:		
	Explain the role CHWs can play addressing cultural competency.	File Name: Page No.:		
	Demonstrate active listening and appropriate use of open-ended questions vs. closed questions.	File Name: Page No.:		
	Address the need to speak clearly and honestly using language that conveys caring and non-judgmental attitudes.	File Name: Page No.:		
	Describe the importance of non-verbal communication, including body language, tone of voice and other visual cues for both the CHW and the client.	File Name: Page No.:		
	Describe the use of the teach back method.	File Name: Page No.:		
	Describe the use of motivational interviewing.	File Name: Page No.:		
	Explain general literacy, health literacy, and how the CHW can be an advocate for clients with low literacy.	File Name: Page No.:		
	Describe the importance of knowing and being open to communication tools such as closed captioning, braille, etc.	File Name: Page No.:		
	Demonstrate the appropriate use of the three (3) main types of adult learning styles (visual, auditory, and tactile).	File Name: Page No.:		
	Discuss and model appropriate methodology used for conflict management and anger de-escalation.	File Name: Page No.:		
	Explain the importance of identifying and seeking supervisory assistance as necessary to address language barriers, personal relationships, or other challenges.	File Name: Page No.:		

Attestation and Signature

Section 8: Attestation and Signature

Please read each of the following statements carefully and indicate your understanding and acceptance by signing in the space provided.

- I certify that all the information provided by my organization in connection with this application is true and complete. I understand that providing false or misleading information, which is used in determining my organization's qualifications, will result in the voiding of the application and either failure to be granted any certificate or the revocation of any certificate issued.
- I understand that the application and all supporting documentation become the property of the Kentucky Department for Public Health and are not returnable.
- I give the Kentucky Department for Public Health permission to verify any information that is important in determining qualification for approval.
- I agree to abide by the rules and regulations regarding the training and certification of Community Health Workers.
- I understand that any initial or renewal fees paid to the Kentucky Department for Public Health are non-refundable.
- I understand that if our organizational approval is revoked, suspended, or expired without renewal then our organizational is no longer permitted to provide approved CHW Tier 1 training.
- I will report any changes in contact information to the Kentucky Department for Public Health.

_____   _____

Signature of Chief Executive Officer   Date

REDCap Demo

Application Submission

1. Submit the following materials in the online application;
   - Complete Application
   - Complete Matrix
   - Complete Curriculum
   - Attendance record sample
   - Certificate sample
   - Course evaluation, assessments, and other evaluations
   - Instructor CV/Resumes

2. Pay the application fee

3. KOCHW review

4. KOCHW will contact you regarding corrective action, certification acceptance, or certification denial

Corrective Action

- Any program that fails to meet certification requirements will be notified in writing and will receive recommendations for corrective action

- A program will have 30 days from the day they receive notification to make corrections and re-submit the application

- Programs who are required to go through the corrective action process are only required to re-submit the sections which are designated for correction
  - Programs can make necessary corrections and re-upload materials to the online application

Denials

- The KOCHW may deny an application if the applicant organization:
  - Fails to meet the eligibility and application requirements set forth by the KOCHW
  - Has failed or refused to properly complete or submit required information in the initial application process or via corrective action
  - Has knowingly presented false or misleading information regarding their organization, curriculum, or instructional staff
  - Is on the Medicaid excluded provider list
- If the KOCHW determines that the application should not be approved, the applicant organization will receive written notice detailing the reason and of the opportunity to appeal

Approval

- If an organization satisfactorily meets the requirements, they will be provided with approval status and notified in writing.

- The KOCHW shall issue each approved organization a certificate.

- Each approved organization shall include the following statement on their webpage and certificate of completion:
  - "This curriculum is approved by the Kentucky Department for Public Health Office of Community Health Workers to provide Tier 1 training for Community Health Workers."

- Approved organizations will be listed on the KOCHW webpage as an "Approved CHW Training Organization."

Renewal

- Approval is valid for three (3) years

  - Programs must apply to renew their approval by April 30th of the 3rd year

  - The KOCHW will send a reminder prior to the renewal period, however, it is the responsibility of the organization to gather and submit the necessary materials during the application period

- During the renewal process, approved organizations will not be required to resubmit their entire curriculum. Instead, the KOCHW requires submission of any curriculum changes, updates, and/or updated instructional staff information

  - The KOCHW reserves the right to request additional information during the renewal process

Initial Application	1st Renewal Application
January 2023 – December 2023	April 2026
January 2024 – December 2024	April 2027
January 2025 – December 2025	April 2028

Audits, Site Visits and Suspension/Revocation

- The Kentucky Office of Community Health Workers reserves the right to conduct an audit of any curriculum and request additional documentation at any time
  - During the first approval period, the Office of Community Health Workers will conduct a site visit to review the site's training plan
- Suspension and Revocation
  - If audit or site visit findings identify issues or demonstrate that the organization no longer meets the requirements, or if they misrepresented their ability to provide training that sufficiently meets the standards it may result in temporary suspension or revocation of approval status

CHW Instructor Certification

Instructor Certification

- Starting in January of 2023, the KOCHW will begin certifying CHW instructors

- Instructors who are employed by an approved training organization *must* apply for instructor certification within the first year of approval

Qualifications

- Currently live in and/or are employed as a CHW, CHW instructor, or similar profession.

- A legal U.S. resident at least 18 years of age

- Proficient in instruction, with excellent understanding of CHW role and competencies

- Submission of a complete application along with a color photo

- Payment of the initial certification fee to KOCHW

- Completion of qualified instructor training on KY TRAIN *or* submission of at least 3 years of relevant CHW or related professional instruction experience

Application Tracks

- Two tracks:
  - Certification based on training
    - Completion of KDPH CHW Instructor curriculum on KY TRAIN
  - Certification based on experience
  - At least 3 years of verifiable experience in training CHWs or similar profession

- Applicants will indicate which path each instructor plans to take on the organization's training approval application

Process

- Applicants who meet the eligibility requirements may apply via REDCap
- Applications include:
  - General application
    - Demographic Information
    - Education experience
    - Work experience
    - Attestation
  - Letter of reference
  - Photo
  - Certificate of completion or related experience verification
  - Payment of $250 fee to the KOCHW

Notification

- The KOCHW will notify applicants of approval or disapproval in writing
- Existing CCHWs who pursue instructor certification will **keep** their CHW certification number
- Those who aren't CCHWs will receive a unique certification number

- There are two certified instructor acronyms:
  - CCHW-I (for certified CHWs)
  - CI-CHW (for individuals who are not certified CHWs)

Continuing Education and Training

- Certified instructors must earn 35 CEUs over 3 years
- Of those 35, five (5) hours must be KOCHW designated
  - KOCHW approved trainings may be used for CCHWs and certified instructors continuing education

- Certified CHW Instructors **must** provide at least 1 CHW Tier 1 training annually

Renewal

- Instructors renew every 3 years in **April**, which is aligned with the training organization renewal

- The KOCHW will send a reminder in the spring

- Instructors should complete the following:
  - Online application via REDCap
  - Payment of $100 fee
  - Training documentation
  - CEU documentation
  - Updated Photo

Initial Application	1st Renewal Application
January 2023 – December 2023	April 2026
January 2024 – December 2024	April 2027
January 2025 – December 2025	April 2028

Resources

- Application for Approved Training Organization

- Curriculum Matrix

- Webinar Recording

- KOCHW Webpage

- SMARTIE Objective Worksheet
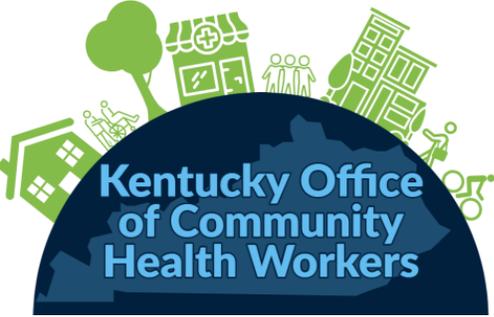
Thank you!

Kentucky Office of Community Health Workers

CHW.Certification@ky.gov

https://www.chfs.ky.gov/agencies/dph/dpqi/cdpb/Pages/chwp.aspx