



Title: Community Health Advocate definitions including Types 1 and 2

Date Created: 10/26/2015

Date Modified: 11/10/2015

Date Approved by Board of Directors: 11/10/2015

Clinical Guideline # CGC-CG-07

Purpose: This clinical guideline is intended to define the role or requisite training for a community health advocate (the one providing navigation services) and to define the parameters of what navigation services are as they relate to clinical and non-clinical needs.

Definitions: CHA – Community Health Advocate

Procedure: See attachments beginning on next page.

When PPS clinical protocols and pathways are developed through the Clinical Governance Committee(s) of the PPS and approved by the CCN Board of Directors and are applicable to Partner Organization's delivery of health care services and project participation, such protocols and pathways shall not (1) override the professional judgment of Partner Organization and its licensed health care professionals in treating patients in individual cases or (2) interfere with the governing body/established operator of any licensed health care facility or its medical staff in overseeing the provision of clinical services to patients and the quality of care

Important Clarifying point:

Medicaid is not providing a definition of what a Community Health Advocate is or how they function. It is expected that this will be created by the project team.

Responsibilities/Functions

Community Health Advocates guide patients through the healthcare system by eliminating barriers to timely access to healthcare services. Barriers to accessing care include financial, logistical, clinical and cultural. Guidance can be through phone calls, in person, or web-based. Responsibilities differ between Service Type One Community Health Advocates and Service Type Two Community Health Advocates as outlined below. All encounters are documented and Community Health Advocates will have the skills needed to capture criteria outlined as necessary for counting the encounters and justifying assistance.

SERVICE TYPE ONE COMMUNITY HEALTH ADVOCATES

NON-CLINICAL/MEDICAL			CLINICAL/MEDICAL
Financial Assistance	Logistical Assistance	Cultural Assistance	Clinical Assistance
Seek financial assistance for basic needs (food, shelter, utilities, and transportation) or health care expenses, when facing financial distress potentially impacting healthcare decisions.	Utilize Community resource Guide and provide information to patients		Refer patients to other community providers such as home care, palliative care, hospice, transitions of care or other medical programs as appropriate.
Make appointments with health insurance Community Health Advocate to obtain renewal of Medicaid coverage thru NYS Marketplace	Refer to Community organization such as housing, nutrition, childcare		Refer to medical services offered at no cost or on sliding scale
Obtain charity care & prescription assistance	Advise patients about community resource guide and 211 services.		
	Find transportation to medical appointments		

SERVICE TYPE TWO COMMUNITY HEALTH ADVOCATES

NON-CLINICAL/MEDICAL			CLINICAL/MEDICAL
Financial Assistance	Logistical Assistance	Cultural Assistance	Clinical Assistance
Understand Medical bills and working out payment plans with providers in order to ensure care.	Assist with obtaining cell phone so that patient can be contacted or have means of assisting self	Assist in awareness and understanding	Screen for Health Home eligibility and make referrals to Health Homes for those who meet eligibility criteria
Obtain coverage or additional coverage outside of the NYS Health Insurance Marketplace		Provide emotional assistance	Help empower individuals to access their health coverage and be their own advocates
Obtain an exemption or exclusion from Medicaid Managed Care		Assist with language/ethnic preferences	Provide coaching to patients
Understand patient rights and responsibilities under the ACA			Find a primary care provider, specialist

2 ci Community Health Advocate Project Protocols

Understand COBRA in order to assist patients appropriately			Make appts. with providers
Resolve plan issues like claims denial or billing			
Understand and assist with appeal rights for denials of coverage or care			
Obtain prior authorization for care			

Discharge of patients occurs when barriers to care are eliminated or resolved for both Service Type One and Service Type Two Community Health Advocates.

Competencies & Training Criteria

In order to reach the diversity and number of patients in the community that are needed for this project, the best approach is for each provider agency to develop their own screening, orientation & training for staff that will be providing Community Health Advocate assistance. The common element is that each provider agency will have the criteria written and formalized and included in the contract process with CCN.

Completion of screening, orientation and training will be recorded in each Community Health Advocate personnel record. This is a grass roots approach which will meet the needs of patients in the communities where they are served and allow for diversity in approach to maximize effectiveness. Each provider knows their own community best. Best practices may emerge as reports and results are analyzed going forward.

Competencies of All Community Health Advocates

Provider agencies will ensure that Community Health Advocates will be knowledgeable of the community in which they serve.

Training of All Community Health Advocates

The Workforce Development Team and Cultural Competency Team will develop a training regarding standards of the PPS. This training will ensure understanding of DSRIP, all projects and ensure understanding of the Community Resource Guide. All Community Health Advocates will receive - and contracting provider organizations will certify - completion of training.

Additional Community Health Advocate Training by Service Type

Service Type One Community Health Advocates

Service Type Two Community Health Advocates

) Each provider organization develops and documents their own orientation program to meet the needs of their community and patients served.

) Standards & Quality Measures include:

- Service Delivery
 - Assessment & Referral provision
 - Information Provision
 - Methods to Access to Community Resource Information
 - Inquirer Advocacy
 - Crisis Intervention
 - Follow-up
- Resource Guide
- Cooperative Relationships
 - with service providers

) Each provider organization develops and documents their own orientation program to meet the needs of their community and patients served.

) Standards & Quality Measures include:

- What is Managed Care
- Charity Care & financial Assistance
- Prescription Assistance
- Prior Authorization /Appeals
- Fair Hearing Process & Rights
- Grievance Procedures
- Utilization Review Process
- External Review Appeals
- Eligibility requirements to meet Health Home Criteria.

Clinical Guideline Board Approval History:

Clinical Guideline Revisions:

Date	Revision Log	Updated By
10/26/2015	Initial Draft	D. Sculley
11/10/2015	Board of Directors approval	D. Sculley

This Clinical Guideline shall be reviewed periodically and updated consistent with the requirements established by the Board of Directors, Care Compass Network’s senior management, Federal and State law(s) and regulations, and applicable accrediting and review organizations.