Moving Towards Sustainable CHW Policy and Financing: Strategies and Tools in Minnesota

Sunny Ainley and Shandy Mangra, MN CHW Alliance | Kristen Godfrey Walters and Laura Turek, MN Dept of Health



Minnesota Community Health Worker Alliance

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health.state.mn.us

Presentation Learning Objectives

By the end of this session, we hope you will be able to:

- Describe key components of Minnesota's approach to building sustainable statewide CHW infrastructure.
- Identify strategies and practical tools for advancing CHW workforce development, implementation, measurement, policy, and financing.
- Apply lessons from Minnesota's experience to CHW sustainability efforts in their own states and organizations.
- Make meaningful peer connections to support your state's work.

Presentation Outline

- CHW Landscape in Minnesota – 15 min
- Minnesota's Roadmap for Sustainable Infrastructure – 15 min
- Table Talks – 50 min- (2 rotations)
  - Model Implementation
  - Training/Workforce Development
  - Measurement and Evaluation
  - Policy and Financing
- Closing or Report back – 10 min

CHW Landscape in MN

CHW Voice: Nothing About Us Without Us

- MN Statewide Survey
- Impact Stories and Videos
- Demo Projects
- Workgroup participation



Artist - Ricardo Levins Morales Art Studio

Website: [Community Health Worker Measurement and Impact in Minnesota – Minnesota Community Health Worker Alliance]

Technical Assistance
CHW Employer TA and support

DEPARTMENT OF HEALTH

CHW Employers

Minnesota Community Health Worker Alliance

MDH CHW Initiatives Unit

Collaboration and coordination between state and community partners

Technical Assistance

CHW and CHW Employer resources and support

MN CHW Alliance

Professional, advocacy, capacity building organization for CHWs and employers

Training

Academic CHW certificate program, apprenticeship, upskilling

Financing

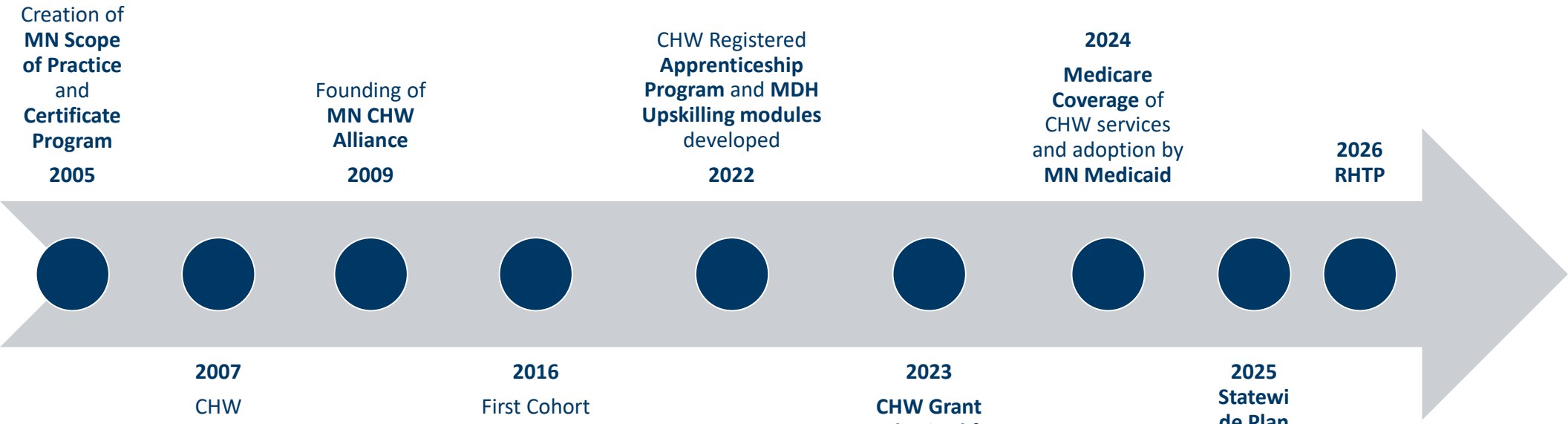
Medical billing – Medicaid & Medicare

Grants, levies, legislative appropriations

Evaluation and Measurement

Environmental scan, measure development

Timeline in MN



MNCHWA -CHW Scope of Practice in MN

- Role 1: Bridge gap between communities and health/social service systems
- Role 2: Help patients navigate health and human services systems
- Role 3: Advocate for individual and community needs
- Role 4: Provide direct services: health screenings, health education and self-management, support groups
- Role 5: Build individual and community capacity

Source: MN CHW Alliance Roles – CHW (https://mnchwalliance.org/accordions/roles-of-community-health-workers/)

CHW Education and Training in MN



CHW Certificate Program

MN CHW Alliance

State Colleges and Universities



CHW Registered Apprenticeship Program

Department of Labor and Industry



CHW Online Learning Modules

MN Department of Health



CHW Professional Development

MN CHW Alliance

Minnesota State Colleges and Universities

DEPARTMENT OF LABOR AND INDUSTRY

DEPARTMENT OF HEALTH

Minnesota Community Health Worker Alliance

Financing for CHWs in MN

CHW positions are generally supported by braided funding:

- Grants – government and foundation
- General operating dollars
- Public funding/levies
- Medical Billing and Reimbursement
  - Minnesota Health Care Programs (MN Medicaid) Provider Manual, Community Health Worker
  - CMS Medicare Federal Register
  - Contracts with Health Plans/Managed Care Organizations
- Sustainability often supported by evidence of outcomes and ROI

Medical Reimbursement of CHW Services in MN

Minnesota Health Care Programs

- CHW Education (2007): Addressing the SDOH need(s) interfering with, or presenting a barrier to, diagnosis or treatment of the patient's problem(s).
- Community Health Integration (2024)

Medicare (2024)

- Community Health Integration
- Principal Illness Navigation

Managed Care Organizations

- MHCP covered services
- Outreach and Access
- CHW Pathways Models

Covered CHW services in MN are now closely aligned with the MN CHW scope of practice

Source: Minnesota Health Care Provider Manual, Community Health Worker (https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=DHS16_140357)

Policy landscape
Statute followed by incremental improvements over time

MINN. STAT. ANN. § 256B.0625 Medical Assistance: Covered Services (2007)

- Established Medicaid FFS reimbursement for CHW care coordination and patient education services.
- Requires CHW certificate program completion and CHW enrollment with DHS to render services.

MINN. STAT. ANN.144.1462 Community Health Workers; Grants Authorized (2023)

- Collaboration and coordination between state and community partners to develop, refine, and expand the CHW profession.
- Establishes grant to MN CHW Alliance to provide technical assistance, training and support to CHWs/employers.
- MN Department of Health administers grant, conducts evaluation/measurement, and facilitates collaboration across stakeholders.

Expansion of coverage for Medicaid CHW Services (2024)

- Expands coverage to include Medicare covered Community Health Integration (CHI) services.

Clarification of coverage for Medicaid CHW services (2026)

- Clarifies billable CHW activities including SDOH and care coordination and supervision requirements
- Adds/clarifies additional education codes and clarification of dental codes

Opportunities for state health agencies How is MN doing?

Establish state strategy and coordination

- Establish state office to implement CHW policies & coordinate stakeholders
- State plan for accountability
- Support state CHW Association capacity and involvement
- Measurement & outcomes reporting

Design and implement Medicaid and Medicare Policy

- Incorporate CHWs & stakeholders in state advisory boards/work groups
- Partner with State Medicaid on payment policies and rates
- Education & support to employers
- CHW services claims tracking & reports

Support CBO and employer capacity

- Incorporate CHWs into state initiatives/funding to address SDOH
- Encourage coding alignment between Medicaid & Medicare
- Support Community Hub infrastructure
- Employer and apprenticeship program grants

Design and refine CHW Training Programs

- Align training with reimbursable services
- Offer dual training and specialization pathways
- Training reciprocity between states and tribal populations
- Financial aid and funding for CHW training programs

Source: ASTHO and CHCS, 2024

Key Takeaways: Sustainable CHW Financing in Minnesota



Working together: MNCHWA and MDH partnered with stakeholders to identify challenges related to funding and billing.



Understanding the landscape: Environmental scan, measurement and evaluation activities.



Improving policy: Recommendations to reduce billing barriers shared with the Department of Human Services.



Expanding funding options: Efforts focused on improving reimbursement and identifying other long-term funding sources.



Building into state programs: CHWs were included in new state funding initiatives, such as the Rural Health Transformation Program.

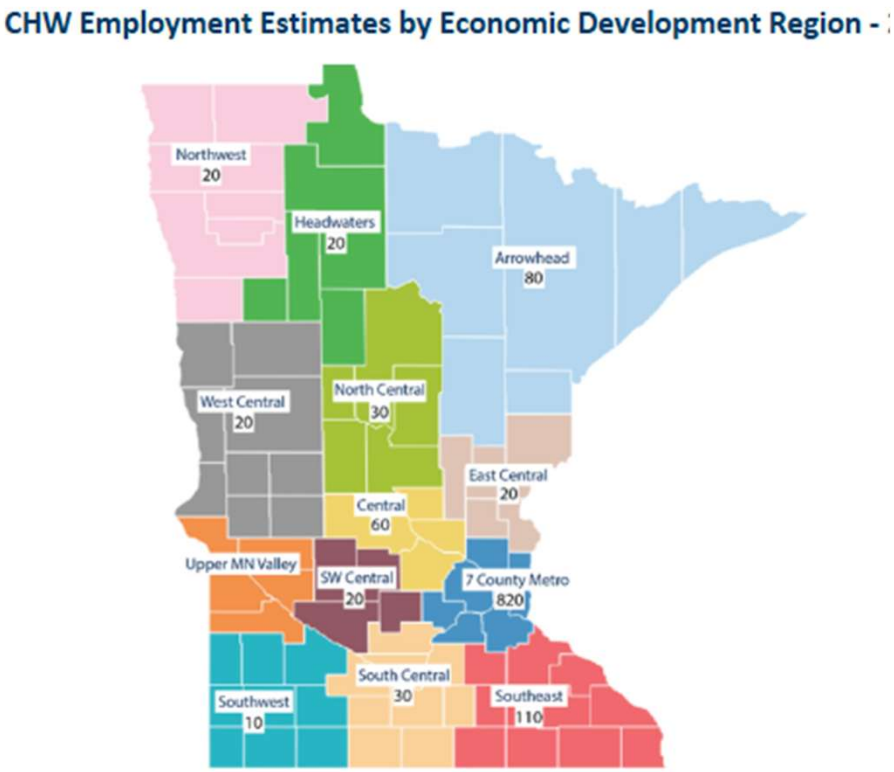


Supporting employers: MDH created a CHW billing toolkit and offered training, peer learning, and technical assistance.

Key Takeaway: A strong CHW workforce depends on clear policies, practical billing support, and multiple funding sources to make CHW services sustainable.

MN CHW Landscape Data

- Environmental scans: Who are CHWs in MN, where are they working, what types of settings, what are their roles, employers, etc.
- Community Health Worker Initiatives in Minnesota
  - 1633 CHWs with MN CHW Certificates
  - 1260 estimate of employment
  - 234 enrolled to bill for services
  - 39 billing
- Community Health Workers in Minnesota – Intersections with Housing and Health



Measuring CHW Impact: Outcomes and Evaluation

- Why Measurement Matters
  - Access and Care Coordination Measures
  - Addressing Health Related Social Needs
  - Outcome Measures
- Common Indicators
  - Are CHWs working under the conditions required for their work to be effective?
  - What outcomes can CHWs achieve?
  - What policies can the state enact to strengthen the workforce?
  - What did it take to achieve these efforts?

Measurement-Plan-and-Appendix-Final.pdf

Promotion of Common Indicators | CHW-CRE

Measuring CHW Impact: Data Collection Strategies

- Data Collection Strategies
  - State Agency data
    - Certificate enrollment, completion, employment estimates, billing enrollment and claims
  - CHW Surveys and CHW Employer Survey
  - CHW Registry
  - Organization specific data pulls
    - Example: Local Public Health
      - CHW Activities by program, patients/clients served (unduplicated number), visits recorded (number, CHW alone or with colleague/nurse), referrals made (number and by SDOH category), completed

Qualitative Data Matters!

Submit a CHW Success Story!

Methods

Timeline for Measurement

- Environmental Scan (2024)
  - (find other state agency data partners)
- Sustainable plan development process (2025)
  - (e.g. sub-groups, SWAT analysis, etc.)
- Implementation via 4 workgroups (2026)
  - (aligned charters, goal 51% CHW, CHW co-lead, annual meeting back to stakeholders)

MN CHW SUSTAINABLE PLAN & LOGIC MODEL SUMMARY

GOAL: *By 2028, develop, refine, and expand the CHW profession in Minnesota; equip CHWs to address health needs; and improve health outcomes.*

Objectives

1. **CHWS have agency in the profession**
2. **Increase awareness of benefits of the CHW role**
3. **Increase certificate holders from diverse locations and communities**
4. **Increase number of CHWs employed as CHWs**
5. **Increase CHW training opportunities**

Long Term Outcomes

- Professional standards are shaped, monitored, and advanced by CHWs.
- CHWs are widely recognized as trusted, effective, and essential members of care and service teams.
- Increased health care access and improved health outcomes for community members with rural and diverse backgrounds.
- Increase percent of rural and diverse populations with access to a CHW.
- Increased number of CHWs able to confidently and effectively address current health challenges such as chronic disease, mental health, and social determinants.

STATEWIDE CHW LOGIC MODEL SUMMARY

Objectives

6 **Increase use of evidence-based program models and documentation of promising practices**

7 **Start measuring the field and share that information**

8 **Increase number of employers billing (sustainability)**

9 **Increase employers ability to get funds to pay CHWs**

Long Term Outcomes

- Reduced disparities in chronic diseases, injury, violence, and substance use disorder.
- Increased ability to track and evaluate impact of CHW models.
- Statewide access to appropriate and effective CHW services.
- Sustainable “braided” funding (grants + billing + local/state funding) supports CHW positions.

MN CHW Roadmap for Sustainable Infrastructure

MN CHW Sustainable Roadmap

Minnesota-Community-Health-Worker-Roadmap-7.01.25.pdf

CHW Logic Model 2024-2028

https://www.health.state.mn.us/communities/commhealthworkers/docs/logicmodel2025.pdf

Measurement Plan

https://mnchwalliance.org/wp-content/uploads/2025/12/Measurement-Plan-and-Appendix-Final.pdf

Results and Impact Data

Results from Minnesota Logic Model Objectives in 2024, 2025

- **Obj. 1 and 2: CHW Voice and Awareness**- MNCHWA CHW voice website, CHW survey, representation in workgroups
- **Obj. 3: Certificate Holders**- 1633 total since 2005, 132 completions in 2025 across 66% percent of counties
- **Obj. 4: Employment**- 1260 total in 2025, 43% increase in estimate since 2023
- **Obj 5: Training**- In 2025, 250 CHWs participated in training and professional development facilitated by MNCHWA; MDH Learning Center offered free, online training to CHWs of which 55% (of 191 survey completions) showed an increase in confidence in disease specific information across 8 courses; 18 CHWs enrolled with an apprenticeship program that is in development
- **Obj 6: Models**- component identification process, definitions of evidence-based and promising practice, 3 demonstration projects completed and 9 organizational models documented
- **Obj 7: Measures**- National CHW CRE *Common Indicators* woven into Statewide Measurement Plan, CHW and Employer survey completed in 2025 (report online), "CHW Voices in Data" series
- **Obj 8: Financing** –billing code expansion, billing toolkit created
- **Obj 9: Sustainability**- CHWs integrated into statewide program

MN Impact Data Webpages

- MN CHW Alliance Measurement and Impact webpage

- MDH CHW Initiatives Impact Data webpage

Sustainable Plan Work Groups

Four Statewide Work Groups

- **CHW Models Implementation**
- **CHW Measurement**
- **Sustainable Funding & Policy**
- **Training & Workforce Development**

Led by CHWs, MNCHWA and MDH CHWI



Implement strategies and measures in the road map and logic model



Identify, document, share, and support adoption of evidence-based and promising CHW service delivery models



Build a shared approach to collecting, analyzing, and reporting data on the CHW workforce, services, and impact.



Expand CHW education and training opportunities, strengthen workforce pathways, and support career development and employment.

Work Groups - MN Roadmap for Sustainable CHW Infrastructure 2026 Activities/Accomplishments

Models Implementation

- Developed a value stream map
- Developed definitions, components and tool for CHW implementation model documentation
- Piloted tool to document models and create compendium – 30 models documented, 12 snapshots completed

Measurement and Evaluation

- Conducted CHW and CHW Employer Surveys
- Developed MNCHWA and MDH workforce data websites – including reflection with CHWs
- Working with LPH to draft a measurement toolkit

Sustainable Funding & Policy

- Developed and implemented tool for strategy prioritization
- Working with DHS on MHCP CHW Policy Manual Changes
- Documenting CHW billing barriers and successes by sector/setting

Training & Workforce Development

- Prioritized logic model strategies
- Developing career ladders with participating employers
- Developing clearinghouse of shared employer resources
- List of specialized trainings - current and desired

140 Stakeholders Contributing

50+ CHWs Contributing

Work Groups - MN Roadmap for Sustainable CHW Infrastructure 2027 Priorities

Models Implementation

- Develop and publish MN CHW Model Compendium (inventory)
- Analysis of models to answer key questions that support CHWs and employers to design and implement the most effective CHW service model
- Development of toolkit/resource guide/play book
- Technical assistance for model implementation

Measurement

- Increase and Center CHW Voice - Quarterly CHW engagement events
- Document Statewide CHW Measurement System - Sources and schedules of updated data
- Explore updating the Minnesota CHW Scope of Practice to include participating in evaluation and research

Sustainable Funding & Policy

- Present report / infographic of CHW reimbursement rate scenarios
- Develop / update list of billable services through CHW education and CHI codes
- Identify gaps in CHW services reimbursement

Training & Workforce Development

- Create onboarding tools and survey employers about professional development recommendations
- Develop a training repository for CHWs, supervisors, and employers that is accessible in an online library
- Develop a tool to help guide employers in creation of tiered CHW roles (e.g., CHW1, CHW2, CHW3) that support pay equity based on years of experience, leadership roles, specialized training, etc., CHW as supervisors of CHW programs (creating tiered roles internal to organizations, MNCHWA providing tech assistance)

CHW Value Stream



- K12
- Colleges/Universities
- Mid-careerists
- Late-careerists
- Stackable credential

- Health systems & large provider organizations
- Public clinics & community health centers
- Public health agencies & local government
- Community based organizations
- Payers and managed care organizations
- Academic and research institutions

- Individuals
- Communities
- Society
- Population health

Model Type/Name	Program Focus	Program Goal	Population Served	Care Setting & Location	CHWs	CHW Roles/Services
Evidence-based **IMPaCT** Model	SDOH, social support, care coordination, health coaching	Improve clinical outcomes, reduce avoidable cost, strengthen patient engagement	Patients with SDOH needs, Medicaid and uninsured patients with high ED utilization	**Healthcare:** primary care clinics, telephone, community visits 80 clinics Northern MN, WI, ND	20 CHWs	Healthcare navigation, community resource connection, patient engagement, set and work towards health goals, build trusted relationships
CHW Case Load/Panel Size	**Visit Frequency, Length**	**Referral and Intake Strategy**	**Case Closure or Graduation**	**Team Integration & Structure**	**Community Outreach & Resources**	
- Case load: 13-17 patients - 2 new patients per week - 150 patients per year	Weekly 1:1 visits over 3 months	- CHW outreach to positive screen for SDOH or - (Medicaid 2+ ED visits in 6 months) or - Provider referral - Intake: Patient interview and goal setting for program enrollment	- Upon goal completion - After 3 unsuccessful outreach attempts - Patient declines to continue	Centralized supervision and a site supervisor at each primary care location	- Participate in community networks. - No tabling or health fairs - Find Help resource directory	**Integrated Health System in MN**
Hiring & Employment Model	**CHW Training**	**Workforce Development**	**Documentation, Data Systems, Tools**	**Supervision & Support Structure**	**Financing & Sustainability**	**Program Measures & Outcomes**
Hire CHWs directly, CHW Certificate within 18 months of hire	- CHW Certificate program paid by employer - 10 day IMPaCT training, motivational interviewing	Career Ladder opportunities: promotion to senior CHW position after 3 years, CHW Supervisor positions	EPIC, FindHelp, IMPaCT	- 2 CHW Supervisors (with CHW experience) supervising 10 CHWs each - Week CHW supervisor meetings - Bi-monthly CHW Team meetings - Mentorship with senior CHWs - National IMPacT weekly CHW learning sessions	- Working towards billing for Community Health Integration codes - Grants - Organizational Support - Demonstrating ROI through reductions in ED & hospitalization	Healthcare utilization, quality measures, patient feedback 70% of patients graduate with goals met

2025/2026 MN CHW Workforce and Billing Metrics



CHW Certificate Program Schools

6



CHW Certificate Holders

1633



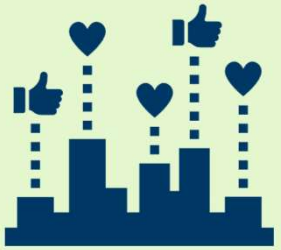
Counties with CHW activity

54%



CHWs Employed

1260



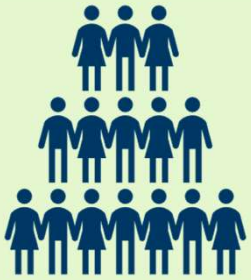
Settings Employing CHWs

11



# of CHWs enrolled with DHS to render services

234



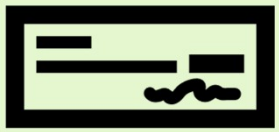
# of CHWs that rendered services

39



CHW Employers Billed for Reimbursement last year

16



# of paid claims for services rendered by CHWs

4,284



#of individuals who received services by CHWs

457

MDH CHW Billing Toolkit Overview

Key Toolkit Components

1. Grid: CHW Medical Billing Payment Models, Codes and Payers
2. CHW Billing Process Steps
3. Workflows and Checklists (clinics, community-based organizations, hubs)
4. Interactive CHW Services Cost Modeling Tool
5. Appendices (including Managed Care Organization contracting tips, EXAMPLE enrollment forms for MN Health Care Programs, and MUCH MORE!)

Minnesota Department of Health CHW Billing Toolkit

https://www.health.state.mn.us/communities/commhealthworkers/employers.html

What's Next?

- Continue to convene Sustainable Plan Workgroups
  - Statewide CHW Council
  - Credentialing exploration
- Prepare and plan for Statewide Measurement Survey in 2027
- Rural Health Transformation Program
- Expand CHW Apprenticeships and Experiential Learning Opportunities

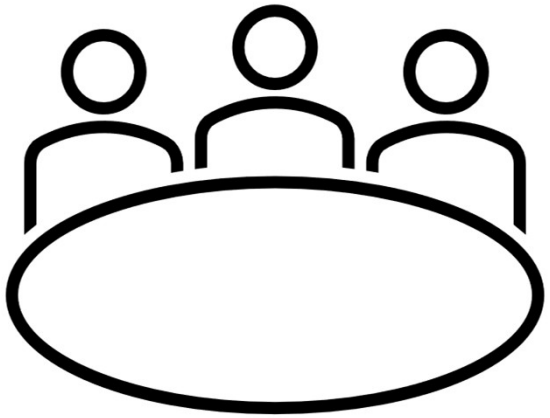


Table Talks

Table Talks

4 table topics

- Model Implementation
- Training/Workforce Development
- Measurement and Evaluation
- Policy and Financing

- 2 Rotations of 25 minutes each – **50 minutes total**
- Closing/Report Back – **8 minutes** – 2 minutes per table lead

Key Take Aways

Key Takeaways

- **Collaboration drives change.** Building and sustaining the CHW field requires coordinated efforts across organizations, sectors, and systems.
- **Structural sustainability takes more than funding.** It requires alignment across policy, workforce development, financing, organizational infrastructure, and service delivery.
- **A shared vision and coordinated strategy matter.** Statewide collaboration helps connect individual efforts, establish common priorities, and advance collective goals.
- **Move from planning to implementation.** Practical tools, shared learning, and employer-informed solutions help translate strategies into sustainable practices.
- **CHWs must be central to the work.** CHWs need to be actively involved in planning, designing, implementing, and leading efforts that shape their profession.

Contact Us



Kristen Godfrey Walters, MPH
CHW Initiatives and Community Engagement Director
Minnesota Department of Health
Kristen.Godfrey.Walters@state.mn.us
health.mn.gov/chw



Sunny Ainley, MBA
Executive Director
MN Community Health Worker Alliance
Sunny.Ainley@mnchwalliance.org



Laura Turek, MPH
CHW Initiative and Community Engagement Evaluator
Minnesota Department of Health
laura.turek@state.mn.us
health.mn.gov/chw



Shandy Potes Mangra, MPH
Workforce Development Manager
MN Community Health Worker Alliance
Shandy.Mangra@mnchwalliance.org

Minnesota Community Health Worker Alliance

mnchwalliance.org

Model Implementation

1. **What evidence-based or promising CHW service delivery models are being implemented in your state or organization? (bulleted prompts are not to be published but for the facilitator to use to help the group answer the questions.)**
   - Are there specific models or approaches that have demonstrated success?
   - Are these models being adapted to different organizational or community settings?
2. **What drives how organizations design and implement their CHW service delivery models?**
   - Are models primarily shaped by funding requirements, organizational strategic priorities, or identified community needs?
   - What other factors influence how CHWs are considered and integrated into an organization's services and operations?
3. **What statewide systems, infrastructure, or resources are in place to help organizations establish, implement, and sustain CHW programs?**
   - Are there statewide tools, technical assistance, training, or implementation resources available to employers?
   - What supports have been most effective, and where do gaps remain?

Training and Workforce Development

1. **How has your state approached CHW training pathways (certificate programs, apprenticeships, credentialing, tiered roles)?**
2. **What workforce development resources, models, and employer-educator partnerships in your state help recruit and train Community Health Workers?**
3. **What models of on-the-job training/apprenticeships are working within your state?**

Measurement and Evaluation

1. What measures do you find most actionable in your state? What existing data could you have access to?
2. How could a measurement plan be used to advocate for statewide policy or system changes? Which metrics would be most compelling for policymakers?
3. How does defining key performance indicators help strengthen statewide CHW workforce evaluation?
4. What limitations still need to be addressed for more comprehensive reporting?
5. How might community input be integrated to enhance cultural relevance and accuracy?

Policy and Financing

1. What mechanisms do you have within your state for CHW policy and financing?
    a) How are CHWs financed in your state today—billing, alternative payments, grants, managed care incentives?
2. What are the biggest levers for sustainability and expansion of the CHW workforce in your state?
    a) What policies are key to scaling, and what policies still need to change?
3. How are emerging financing models (e.g., RHTP) shaping CHW integration?