

Expanding Access to Community Health Workers in Rural Communities

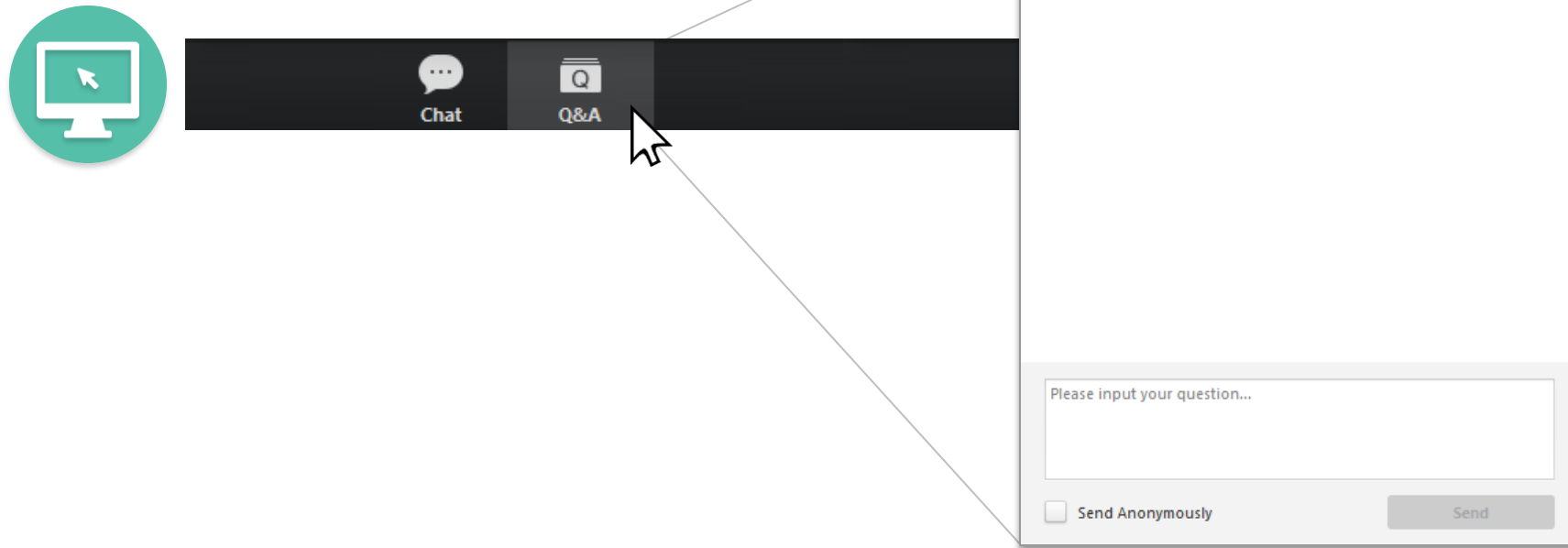
February 18, 2026

2:00-3:15pm ET

This webinar is a product of the Center for Health Care Strategies' (CHCS) Evidence-to-Action Hub and made possible with funding from Arnold Ventures, Commonwealth Fund, The John A. Hartford Foundation, Peterson Center on Healthcare, Robert Wood Johnson Foundation and The SCAN Foundation.

Questions?

- To submit a question, click the Q&A icon located at the bottom of the screen.



Agenda

- Welcome and Introductions
- Opportunities to Strengthen CHW Programs Through the Rural Health Transformation Program
- Building Effective CHW Initiatives in Rural Communities
- Moderated Q&A



Center for Health Care Strategies

Dedicated to strengthening the U.S. health care system to ensure better, more equitable outcomes, particularly for people served by Medicaid.

Together with our partners, our work advances:



Effective models for prevention and care delivery that harness the field's best thinking and practices to meet critical needs.



Efficient solutions for policies and programs that extend the finite resources available to improve the delivery of vital services and ensure that payment is tied to value.

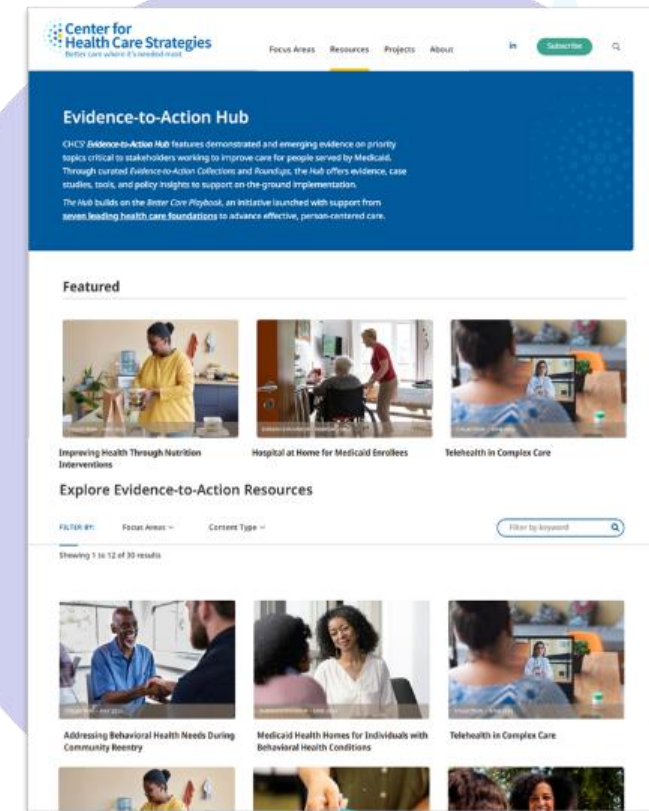


Equitable outcomes for people that improve the overall well-being of populations facing the greatest needs and health disparities.



About the Evidence-to-Action Hub

- *Evidence-to-Action Collections and Roundups* offer evidence, case studies, tools, and policy insights to support on-the-ground implementation.
- Features priority topics critical to stakeholders working to improve care for people served by Medicaid.
- Builds on the *Better Care Playbook*, an initiative launched in 2016 to advance effective, person-centered care.



Meet Today's Speakers



Megan Terrell
Program Officer
Center for Health Care Strategies



Annie Cloke
Director of Public Partnerships
IMPACT Care



Brea Burke
Program Manager
Tennessee Association of Community
Health Workers



Amy Moseley
Director of Development and Community
Engagement
Healing Hands Health



Lindsay Miller
Project Director
Connected Care for Older Adults



Logan Kelly
Senior Fellow
Center for Health Care Strategies

Community Health Workers (CHWs) and Their Impact

- CHWs are trusted members of the community who provide support services and share information related to health and well-being.
- Examples of services provided by CHWs include health education, outreach and referrals to community-based resources, and health system and benefits navigation.
- CHW initiatives have led to reduced acute care utilization and costs, improved chronic disease management, enhanced social connectedness, and decreased health disparities, among other outcomes.

Sources listed at end of presentation.



Coverage for CHW Services Through Medicaid and Medicare

- **Funding limitations** have historically restricted the growth and sustainability of CHW programs.
- Over **half of states** offer Medicaid reimbursement for CHW services through state plan benefits, Section 1115 demonstration waivers, and managed care contracts.
- Effective January 1, 2024, the Medicare Physician Fee Schedule established **Community Health Integration Services**, authorizing reimbursement for CHWs working under general supervision of a Medicare billing provider.

Sources listed at end of presentation.

Health

Powered by community

Strengthening the Community
Health Worker Workforce to
Improve Rural Health



CHWs are the workforce that will help states achieve their goals.

Extend the workforce and increase access

Improve health outcomes

Reduce spending and deliver a return on investment



Over half of states are integrating the CHW workforce into Rural Health Transformation Program (RHTP) initiatives.

Workforce
Development

Billing &
Sustainable Financing

Infrastructure &
Best Practice Models

Integrated Teams &
Regional Care
Transformation



As states implement RHTP initiatives that integrate CHWs, here's what you should consider.



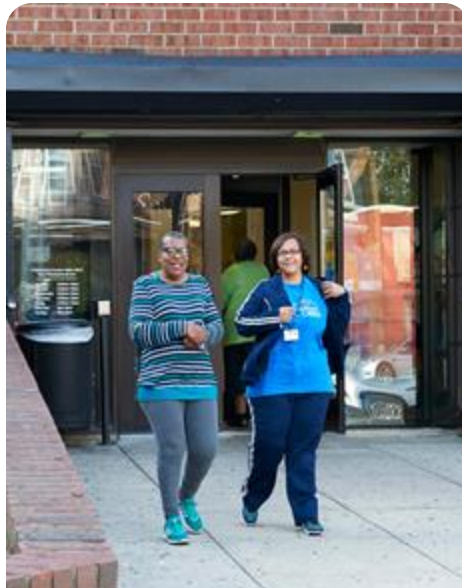
**Partner with
CHW Associations**



**Evidence-based
Policy**



**Evidence-based
Infrastructure**



**Financial
Sustainability**



**Program
Standards**

Here are resources to help state leaders, CHWs/CHW allies, and partners with next steps.

Medicaid Reimbursement for Community Health Worker Services: Model State Plan Amendment & Other Guidance, November 2025 Update


BY ANNIE CLOKE, MARGARITA HART, JANÉE TYUS, DAWN ALLEY, AND SHREYA KANGOVI



TOOLKIT | November 2025



State Plan Amendment and Guidance Model Language



IMPACT

Rural Health Transformation Program (RHTP): Model Language for Integrating Proven Community Health Worker Programs into RHTP Applications

Executive Summary

Community health workers, promotores, and community health representatives (CHW/P/CHRs) are a proven, cost-effective workforce that can be rapidly scaled to help states meet their rural health goals. The Rural Health Transformation Program (RHTP) offers new funding to states to improve access to health care and outcomes for rural residents. This document provides model language to help states include evidence-based CHW/P/CHR programs in their RHTP applications.

Rural health Transformation Program Model Language

Thank you

acloke@impactcarehq.com

Building Effective CHW Initiatives in Rural Communities



TENNESSEE
COMMUNITY HEALTH WORKER
ASSOCIATION

Brea Burke

Program Manager, TNCHWA

Former Rural CHW



Being a CHW in Rural Communities

No two days
look the
same

Constant
problem-
solving

Deep
community
trust

Barriers CHWs Face in Rural Communities



LIMITED OR NO
PUBLIC TRANSIT



FEWER AVAILABLE
RESOURCES



Limited internet
access



Technology
literacy gaps

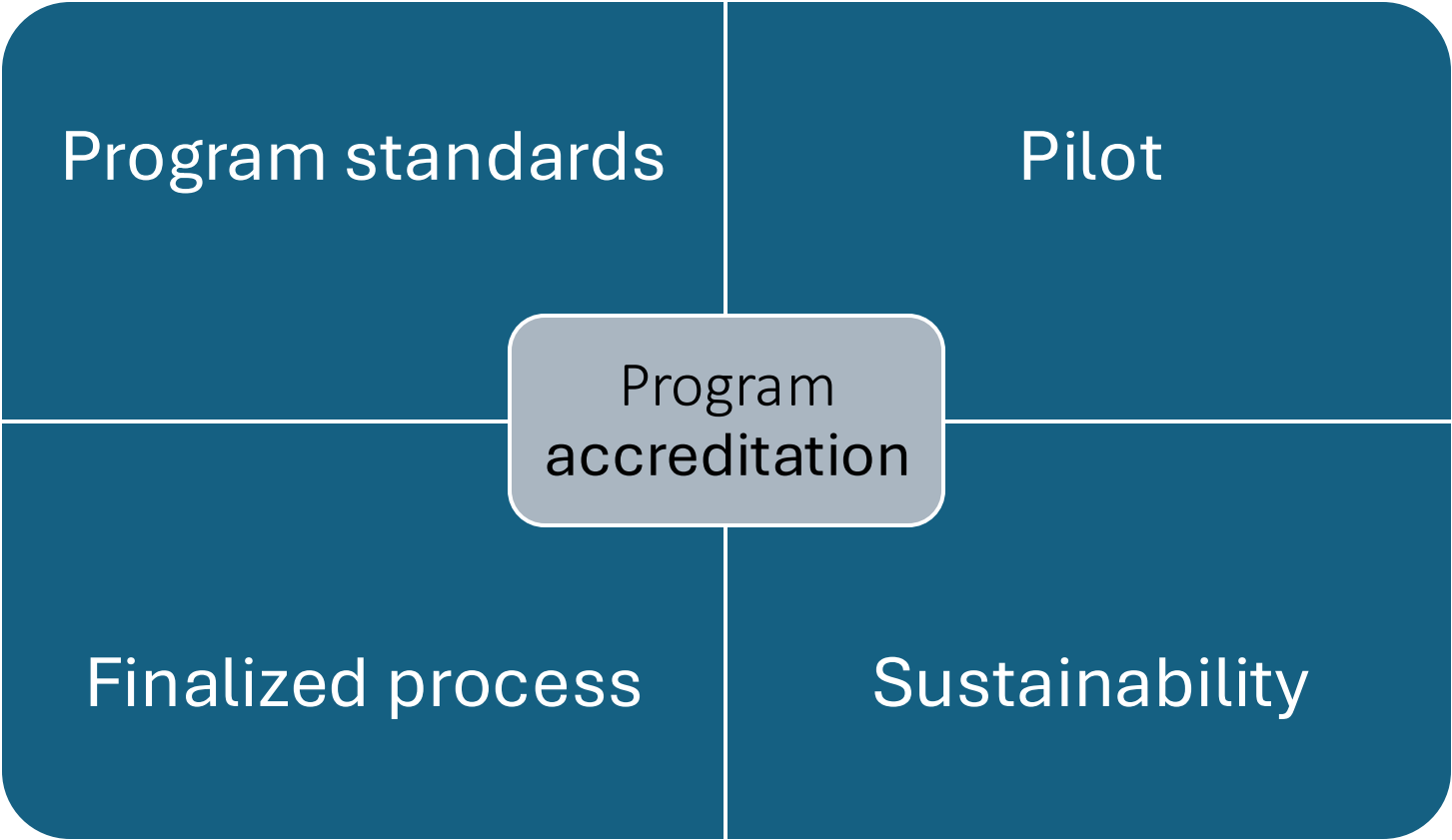


Extra CHW
support needed



My Role at TNCHWA

CHW Program Accreditation



Standards overview

- 7 standards
 1. Recruitment and Hiring
 2. CHW Scope of Work
 3. Supports for CHWs
 4. CHW Training
 5. CHW Performance Evaluations
 6. CHW Professional and Workforce Development
 7. CHW Supervision
- Competencies
- Criteria

Accredited Programs in TN

- Siloam Health
 - Comprehensive Care CHW Program
 - Rapid Response CHW Program
- Methodist Le Bonheur Community Outreach
 - Family Resilience Initiative
 - Social Determinants of Health Hospital Initiative
- Mental Health Cooperative TN Health Link
- Regional One Health CHW Program
- Senior Solutions CHW Program
- Lifedoc Community Health Worker Program
- Meharry Health Solutions TN CHW Program





Healing Hands Health

**Community Health Workers
in Rural Communities:
Lessons from Healing Hands Health**

AMY MOSELEY | DIRECTOR OF DEVELOPMENT & COMMUNITY ENGAGEMENT

Introduction to Healing Hands Health

- Healing Hands Health was established in 1997 & provides medical with integrated behavioral health, dental, vision, & supportive care to people who are uninsured and underinsured in Northeast Tennessee & Southwest Virginia.
- Faith-based, nonprofit health center.
- Recent Addition: Behavioral health care integrated into primary care.
- Many patients live in rural communities.



Why Utilize Community Health Workers?

Access Gaps Beyond Clinical Care

- Transportation and distance
- Limited workforce availability
- Difficulty navigating systems
- Trust shaped by past experiences

Why CHWs Matter

- Trusted community-based support
- Bridge between patients and care teams
- Focus on access, education, and follow-through



Community Health Worker Program Overview & Team Integration

COMMUNITY HEALTH WORKERS AT HEALING HANDS HEALTH

- Employed, non-clinical members of the care team
- Work across medical, dental, and supportive services

HOW CHWS ARE INTEGRATED

- Embedded in interdisciplinary care teams
- Participate in regular team meetings
- Clear referral and communication workflows

PROVIDER BUY-IN IS ESSENTIAL

- Shared understanding of the CHW role
- Alignment around patient goals
- Strong collaboration improves outcomes





Funding & Sustainability

FUNDING TO DATE

- CHW program has been entirely grant funded

THE CHALLENGE

- Grants are effective for launching programs
- Sustaining CHW roles beyond grant periods is difficult

OUR APPROACH

- Use grants to build measurable programs
- Demonstrate value and impact
- Plan early for long-term sustainability

Why Utilize Community Health Workers in Rural Communities

RURAL HEALTH CONTEXT

- Higher uninsured and underinsured rates in many rural regions
- Rural residents have higher rates of chronic disease and preventable hospitalizations
- Greater provider shortages and longer travel distances to care

IMPACT ON HEALTH OUTCOMES

- Healthier Patients: Addressing both physical and social needs results in better overall health.
- Patients connected to CHWs show increased adherence to medical care, improved behavioral health outcomes, and more frequent primary care visits.

Patient Outcomes

PATIENT STORIES





Healing
Hands
Health

Amy Moseley

*Director of Development &
Community Engagement*

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Bristol, TN 37620

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CONNECTED CARE

Center for Health Care Strategies Presentation
February 18, 2026

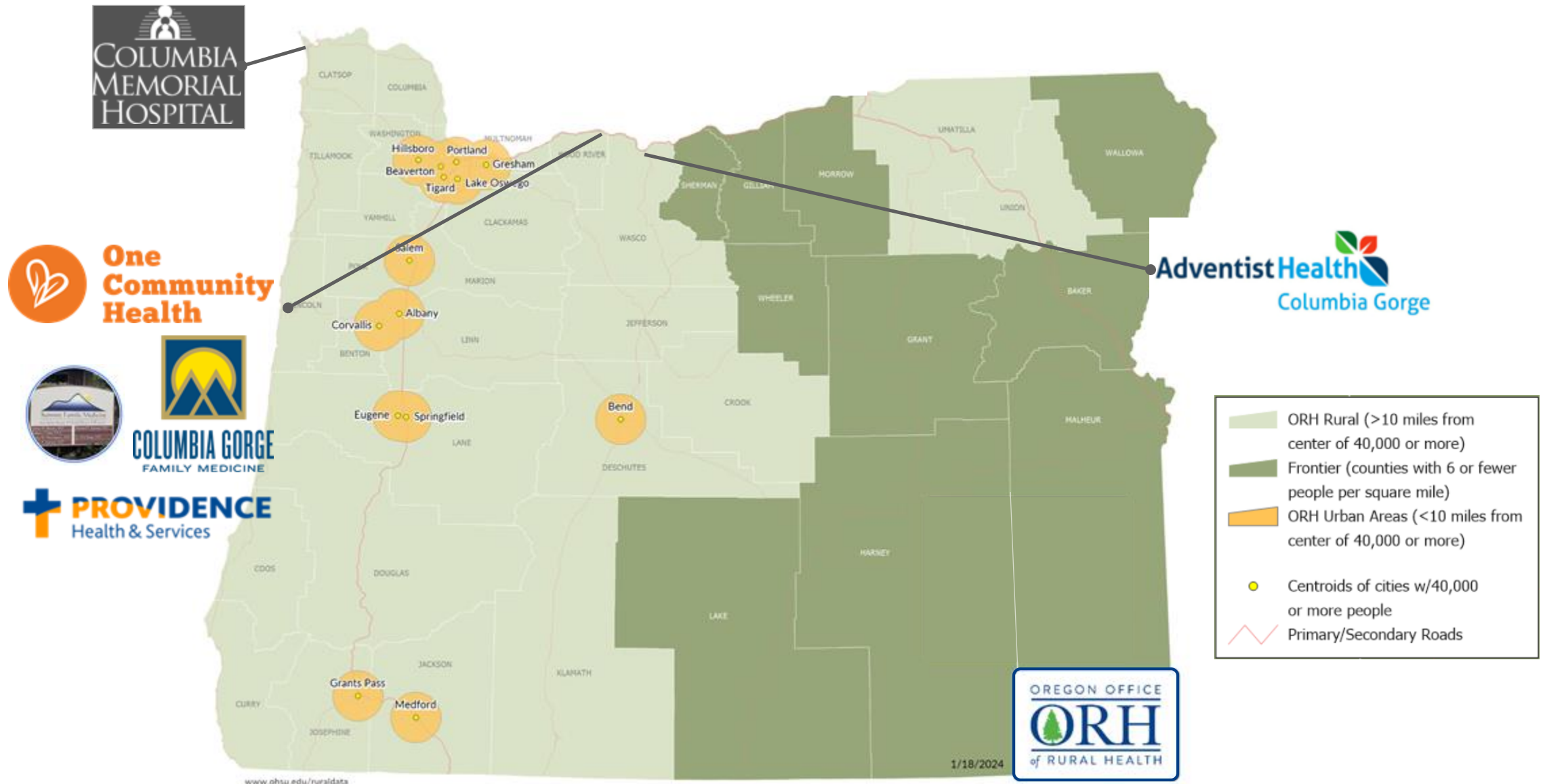




Connected Care is an innovative pilot program that uses Community Health Workers (CHWs) in Primary Care settings to improve care for frail older adults in rural areas.

- **For patients 55 and older** identified as frail by a Primary Care Provider and not currently receiving in home medical support.
- **CHWs conduct home visits** and implement the Connected Care Protocols based on the Age-Friendly Health Systems 4Ms - What Matters, Medication, Mentation, and Mobility.
- CHWs provide **information and education** to patients and families, provide **system navigation and patient advocacy**, and connect them with existing **community resources**.
- CHWs are vital members of the primary care team. They chart **directly in the EMR, and route important information** or actions needed back to the patient's clinician.
- Patients complete the program when relevant protocols are done and priority needs are met - **roughly 90-days**.

Current Connected Care Pilot Clinics



Patient Enrollment through 2025

**516 total
enrollments**
**482 unique
patients served**

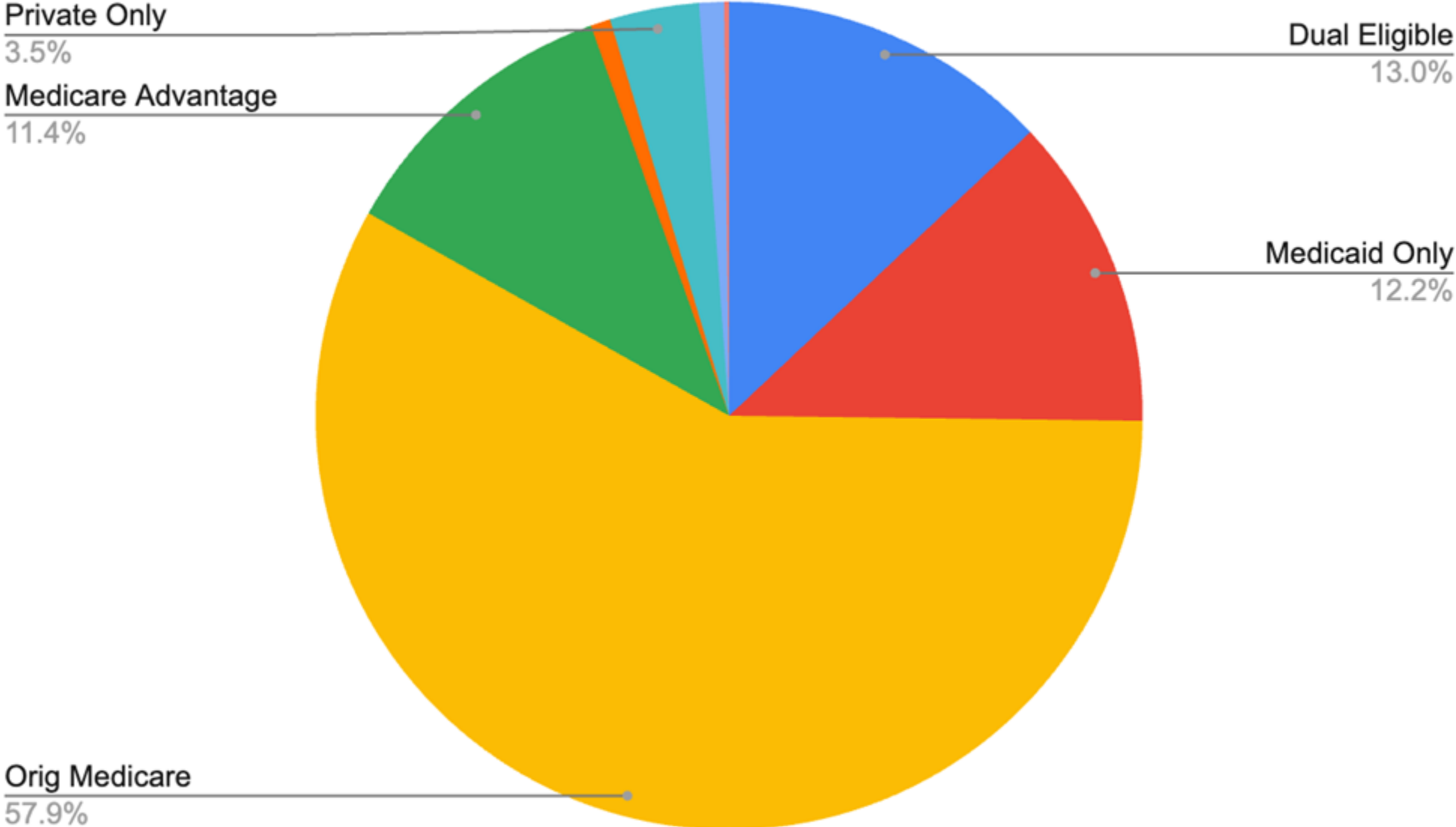
**86 referring
clinicians**
**at 7 rural
clinics**

On average...

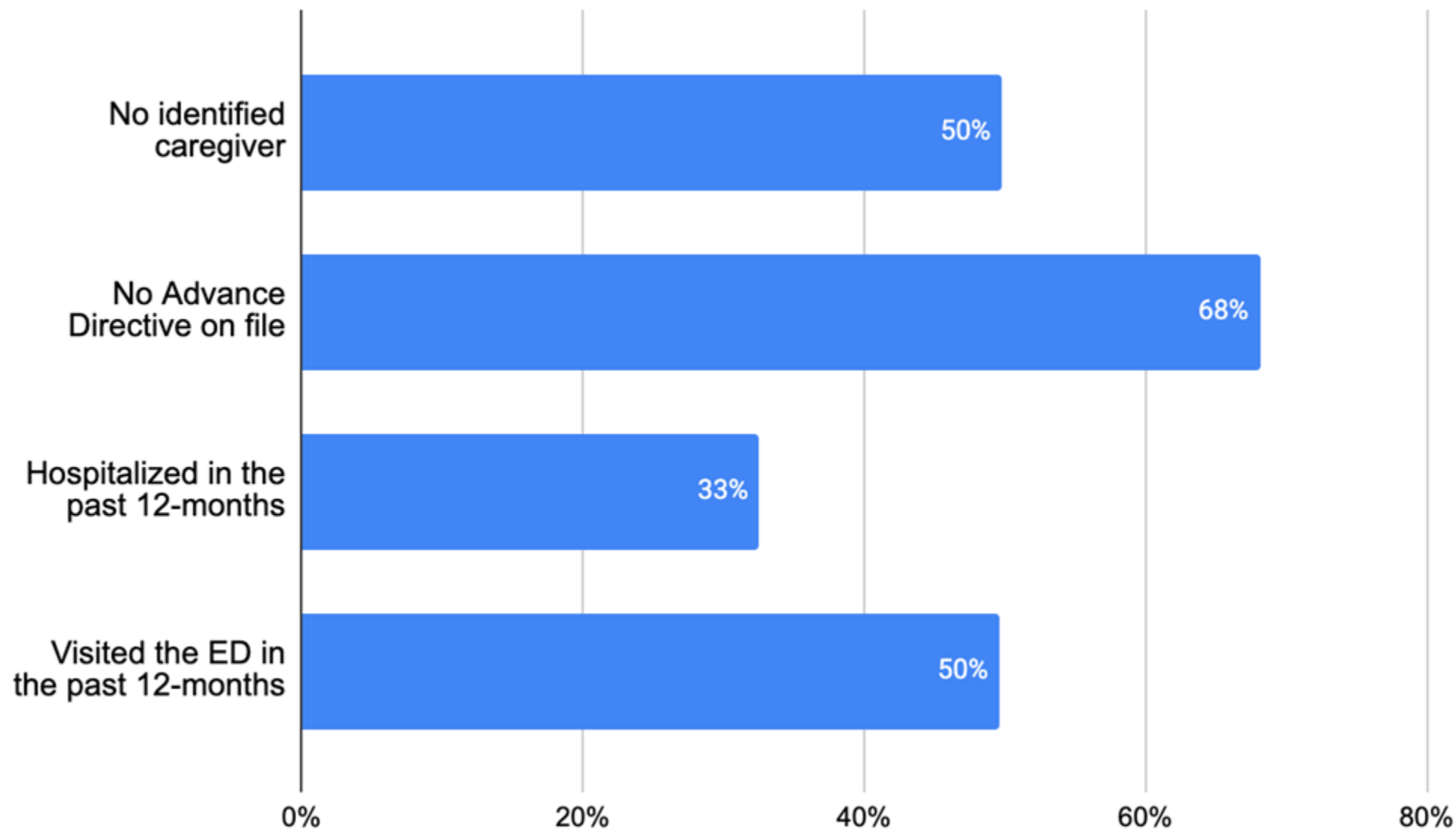
- Patients spend 94-days in the program
- Receive 1 office visit and 4 home visits
- CHWs make 7 calls to the patient, and 3 resource coordination calls



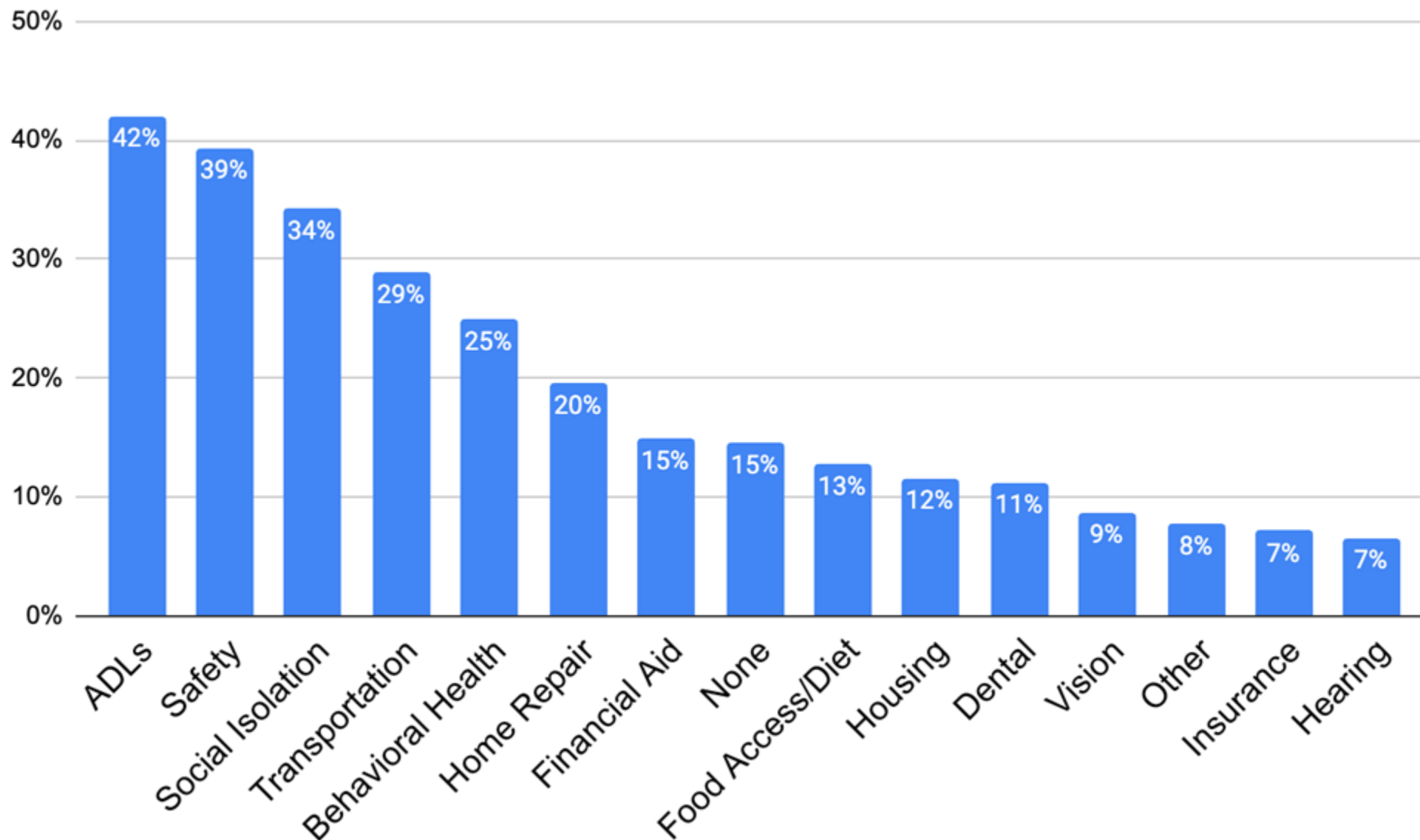
Enrolled Patients by Insurance Coverage (n=516)



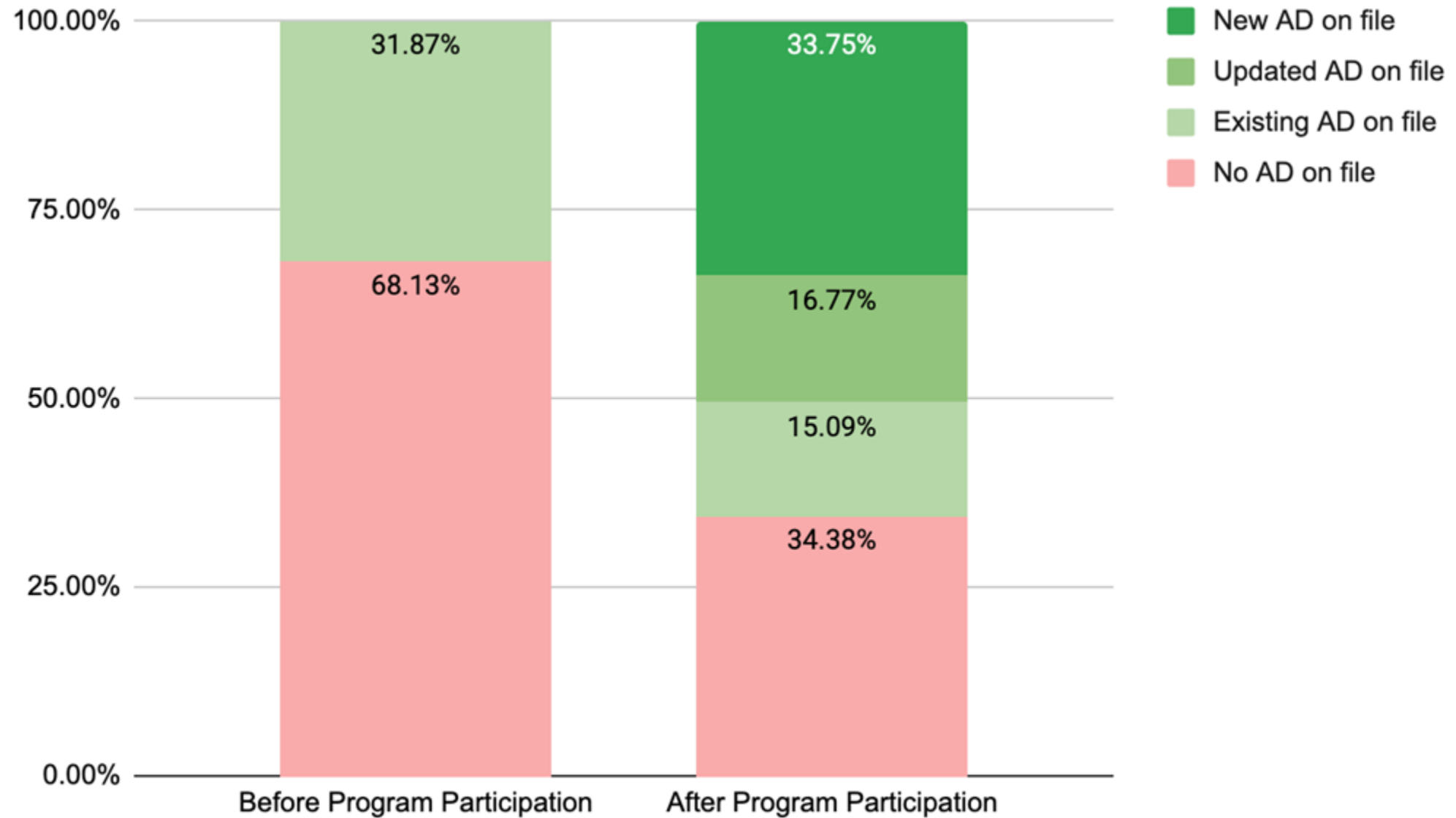
Other Patient Characteristics at Enrollment (n=516)



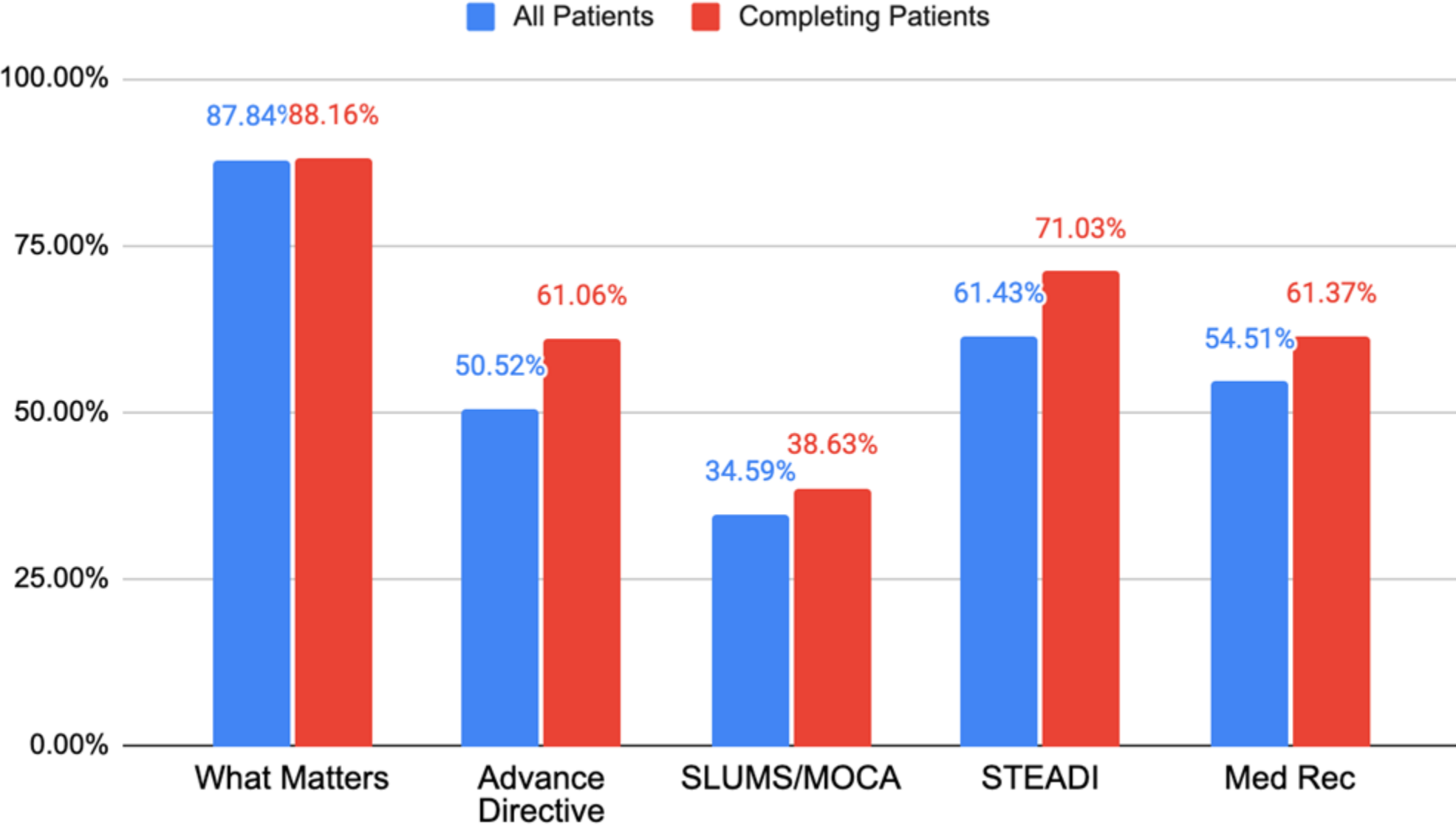
Social Needs Identified at Enrollment (n=516)



Advance Directive Completion (n=477)

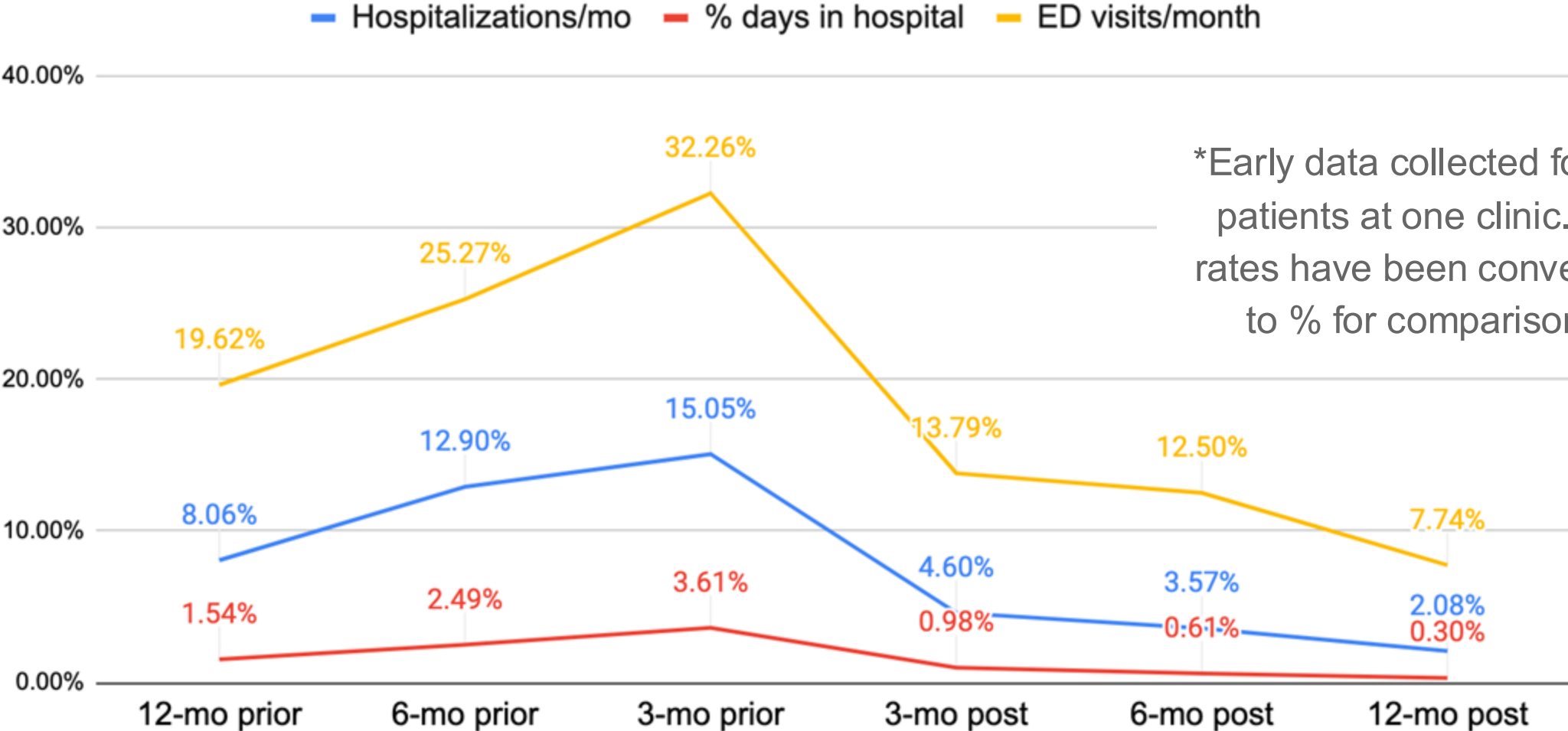


Evidence-based Interventions Completed (n=477)



Reductions in High Cost Utilization (n=29)*

High Cost Utilization Rates Pre and Post Enrollment (n=29)*



*Early data collected for 29 patients at one clinic. All rates have been converted to % for comparison.

Participant Experience with Connected Care

- “I was able to stay in my residence...without fear of eviction and was able to have the landlord update many of the things in the home that were worse for wear. The Community Health Worker gave me my peace of mind.” - Patient
- “Meeting with Connected Care helped me to make decisions and changes that will improve my daily life.” - Patient
- “I appreciate the ability to have extended ‘eyes and ears’ in my patients’ homes.” - Clinician
- “I absolutely want to see this program thrive and grow in order to help increase access to services for some of our most vulnerable patients. I love it!” - Clinician

What are we learning?

- Connected Care is a promising model for enhancing primary care services for older adult patients in rural settings.
- It successfully integrates the 4Ms into primary care clinics and utilizes the unique skill sets of Community Health Workers.
- For less than \$2,000 per patient, it makes meaningful positive impact on Advance Directive completion, ED and hospital utilization.
- Patients, caregivers, AND clinicians appreciate the program:
 - 95% of responding patients said they were “very satisfied with the program” and that it made a positive difference in their life (n=134).
 - 96% of responding clinicians (n=25) said they were “very satisfied” with the program.

Our Partners

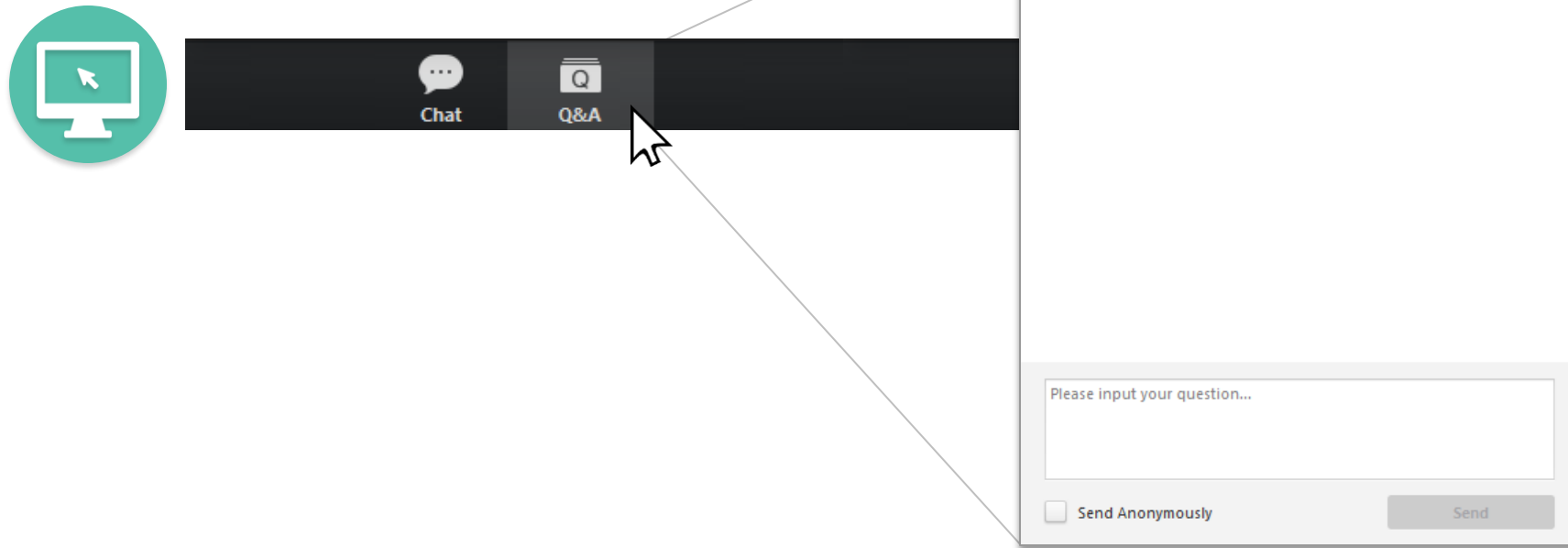




Moderated Q&A

Questions?

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Resources

- [Evidence-to-Action Hub](#) (Center for Health Care Strategies)
- [Transforming Rural Health Care Through Medicaid Innovation: Leveraging Community Health Workers to Address Rural Health Care Needs](#) (Center for Health Care Strategies)
- [Launching Rural Health Transformation Plans: Lessons from Other Large-Scale State Initiatives](#) (Center for Health Care Strategies)
- [Rural Health Transformation Program \(RHTP\): Model Language for Integrating Proven Community Health Worker Programs into RHTP Applications](#) (IMPACT Care)
- [Medicaid Reimbursement for Community Health Worker Services: Model State Plan Amendment and Other Guidance](#) (Milbank Memorial Fund)
- [Connected Care for Older Adults](#) program page and [Connected Care for Older Adults: A Pilot Intervention Engaging Community Health Workers to Advance Age-Friendly Care in Rural Oregon](#) (Journal of the American Geriatrics Society)
- [Rural Health Transformation Program](#) (CMS)
- [Rural Health Transformation Program Awards: State-by-State Summary of Year 1](#) (Sellers Dorsey)



Sources

- Knowles, M., Crowley, A. P., Vasan, A., & Kangovi, S. (2023). Community Health Worker Integration with and Effectiveness in Health Care and Public Health in the United States. *Annual review of public health, 44*, 363–381. <https://doi.org/10.1146/annurev-publhealth-071521-031648>
- [Community Health Workers: Evidence of Their Effectiveness](#) (ASTHO/NACHW)
- [Medicaid Coverage of Community Health Worker Services](#) (MACPAC)
- [Calendar Year \(CY\) 2024 Medicare Physician Fee Schedule Final Rule](#) and [Community health integration services](#) (CMS)

Thank you!

We welcome feedback and continued discussion:

CHCS Team: Logan Kelly, LKelly@chcs.org and Megan Terrell, MTerrell@chcs.org

Please complete the evaluation survey.