



Community Health Aide Program (CHAP)



Introduction

FAQ'S

1. What is the Community Health Aide Program?

The Community Health Aide Program (CHAP) is based on a multidisciplinary approach consisting of Primary, Behavioral, and Oral health experts working with licensed providers to improve the accessibility and quality of care in tribal healthcare systems. CHAP was first created in Alaska to train local people who were familiar with village life and likely to stay in the community. In 1968, the Alaska Community Health Aide Program was recognized and funded by Congress.

Health aides do not practice independently but under the direct/indirect supervision of a licensed clinician. These health aides are seen as extenders of their supervising clinician to provide direct patient care. Because health aides extend the provider, they expand the system of care to mobilize health care. All CHAP providers are certified based on national standards set by the CHAP National Certification Board. Additional provisions will be added based on needs set forth by the Area Certification Boards.

2. When was the nationalization of the Community Health Aide Program (CHAP) approved?

Recognizing the success of community health aide program in Alaska, Congress authorized the

creation of the national federal Community Health Aide Program (CHAP). See 25 U.S.C 1616(d)(1). In 2020 CHAP was approved and authorized with the approval of the IHS circular 20-06. <https://www.hhs.gov/guidance/document/indian-health-circular-20-06>

3. What is the goal of the Community Health Aide Program (CHAP)?

CHAP's intention is to train local people familiar and connected with their community and thus likely to stay in it. This is done by providing educational opportunities for community members, and expanding the local economy through job creation, cost of care savings, and improved health. In Alaska, Community Health Aides have successfully taken on an increasing role in the provision of primary care services and have helped meet rising expectations for health care. The Community Health Aide Program includes emergency, acute, chronic, and preventative care. Community Health Aides are community-based, culturally connected providers.

4. What is the Purpose of the Community Health Aide Program Tribal Assessment & Planning (TAP) Grant as part of the CHAP nationalization efforts?

The Southern Plains Tribal Health Board was awarded the CHAP TAP grant to assess community readiness for CHAP implementation. Since 2021,

SPTHB has been working to:

- Assess the feasibility of CHAP implementation into existing Tribal health systems (i.e., interviews, focus groups, surveys, environmental analyses).
- Identify systematic barriers that may prohibit the complete integration of CHAP into an existing health care system.
- Plan partnerships across the Tribe/Tribal organization region to address the systematic barriers.
- The Southern Plains Tribal Health Board along with the Kickapoo and Wichita & Affiliated Tribes are current grantees.

5. What is a Behavioral Health Aide?

Behavioral Health Aides (BHA) are counselors, health educators, and advocates. BHAs help address individual and community-based health needs such as alcohol, drug, and tobacco abuse and mental health. BHAs use a combination of Western and traditional based practices to provide care.

6. Who can be a CHAP (Primary (CHA), Dental (DHA), Behavioral health (BHA))?

- Natural Helpers and Advocates- crave to tie in cultural activities into their day-to-day work.

- Counselors-good listeners, empathes, aunties/uncles, and storytellers.
- Community & Tribal Members- homegrown collective committed to serving a Tribal community, regardless of age.
- Holistic Caregivers & Healers- who would like to utilize Tribal traditional practices.
- Anyone interested in improving the health of their community.
- Anyone who has an interest in the medical or dental field.
- Anyone who has an interest in serving their community.

7. What are the benefits of having a Behavioral Health Aide?

Behavioral Health Aides/Practitioners are educated in traditional healing/spiritual healing as mentored by Tribal respected practitioners, providing holistic care for their community. BHAs seek to achieve balance in the community by integrating their sensitivity to cultural needs with specialized training in behavioral health concerns and approaches to treatment.

8. What is a Dental Health Aide?

Dental Health Aides (DHA) are primary oral health care professionals that can provide clinical dental treatment, patient education, and preventative services. The mission of the DHA Program is to connect tribal communities with innovative approaches to address AI/AN oral health disparities, to remove barriers impeding the creation of efficient, high-quality, modern dental teams, and to provide opportunities for AI/AN people to become oral health providers.

9. What are the benefits of Dental Health Aide Therapists (Dental Therapy)?

- When dental therapists are practicing in tribal communities, we see:
 - Expanded access to consistent, routine, high-quality oral healthcare.
 - More AI/AN oral health care providers in professional wage jobs.
 - A more efficient and effective oral health team that brings care where it is needed most, inside and outside of the clinic.
 - Cost-effective solutions for clinics striving to maximize care on limited budgets.

10. What is a Community Health Aide?

Community Health Aides (CHAs) are certified, medically guided health care workers who assess and provide emergency, acute, and chronic care to residents and their respective rural communities.

11. What clinic improvements occur from employing CHAs?

- Increase patient access to healthcare in Tribal communities.
- Reduce workload on other healthcare providers that may focus time on more complex patient issues and quality improvement efforts.
- Improved continuity of care in the community.
- Recruit and train from within:
 - * Creating jobs in communities that will economically benefit the region.
 - * Career opportunities that keep talent in their communities.

12. What is the General Scope of Practice for a Community Health Aide Practitioner?

The scope of practice for CHA/Ps will generally include: medical histories, physical exams, vital signs, basic specimen collection for labs, medication management, acute care, wound care, chronic wound care, adolescent health, family planning, prenatal care, postnatal care, newborn care, well child care, sick child care, reproductive health, chronic care of major systems, clinical management, team leadership, mentorship and support to all CHA levels. The scope of practice will vary depending on the level of CHA/P completion.

13. What measures are taken towards quality assurance in the Community Health Aide Program?

Licensed Medical Providers will provide supervision, chart reviews, routine reporting, field visits, and consulting provider agreements testing.

14. CHA Licensure or certification?

As CHAs progress through training, they become eligible for certification at each level. The Area CHAP Certification Boards are responsible for certifying the CHAs who meet criteria for certification outlined in the standards and procedures. CHAs practice under the auspice of a licensed physician. They also consult and collaborate with advanced practice providers in day-to-day clinical patient care.

15. What do Community Health Aide Providers use to support them in the field?

Community Health Aide Providers use the Community Health Aide Manual (CHAM). The CHAM is a guide to the CHA for every patient encounter. Identifies specific sections to guide history, exam, and determine assessment. The CHAM contains specific sections covering a full range of topics and issues, which the CHAP uses to note history, conduct exams, and determine assessments under the supervision of a licensed practitioner.

16. What is the eHAM and the eCHAMP?

The eHAM or Electronic Health Aide Manual is a platform to host content for all CHAP disciplines; Community Health, Behavioral Health, and Dental Health Aides. The eCHAMP or Electronic Community Health Aide/Practitioner Manual for Practice is a sub-component of the eHAM that contains all CHA/P practice content. The eCHAMP is a key and necessary resource for CHA/Ps to use in real time to guide every patient encounter. The eCHAMP is used as an electronic textbook during CHA/P training. The curriculum is ultimately guided by the content of the eCHAMP. The eHAM will be exclusively electronic.

17. Do Community Health Aide/Practitioners have to use the eCHAMP?

Use of the eCHAMP by Community Health Aide/Practitioners is required from the beginning to the end of each patient visit.

18. Do Community Health Aide Practitioners (CHA/Ps) have to complete a preceptorship and a written clinical exam periodically?

Yes, CHA/Ps are required to complete both upon finishing their initial training and at regular intervals to maintain Practitioner status. However, details are determined by the area academic review committee and the area certification board which has not yet been established for the IHS OKC Area.

19. Who supervises the Community Health Aide Practitioners (CHA/Ps)?

A Physician (MD, DO) will be assigned to provide oversight to CHA/P's. A referral provider by proxy can be identified, which can include other physicians, PA's or NP's.

20. Does a CHA need to complete continuing education (CE) credits/courses like other providers?

Yes, the CE requirements are yet to be established.

21. How does the community benefit from employing CHAs?

- CHAs increase career options within the community.
- CHAs create career advancement opportunities for community members that allow them to remain in their communities for most of their training.
 - * Opens options to parents and caregivers.
- CHAs create new possibilities for clinic offerings with additional staffing.
 - * Additional services
 - * Extended hours

- CHAs reduce health care open service gaps in communities by supplementing the services of licensed providers.

- The community benefits by receiving care from fellow community members.

- Addresses the social determinants of health by creating professional wage jobs, providing accessible education and training, and keeping talent in communities.

22. How is the SPTHB working with tribes to support successful CHAP implementation and sustainability?

SPTHB is facilitating the Oklahoma Area CHAP Learning Collaborative to provide support and resources for tribes working through the CHAP planning and assessment process. SPTHB is also talking to tribal health directors, providers, and community members about barriers to health in their area and how CHAP might address those barriers.

23. What efforts are being made at a national level to support area implementation and sustainability?

The national IHS CHAP Tribal Advisory group (representatives from each IHS service area) meets monthly with CHAP leadership at IHS to discuss administrative, implementation and sustainability functions. You can attend those meetings through the IHS calendar website: <https://www.ihs.gov/ihscalendar/>

24. Will CHAP services be reimbursable?

Various services are reimbursable, depending upon the state's Medicare provisions and the CHAPs level of certification. Approximately 150 CPT codes are covered in Alaska and Washington, allowing for a broad range of reimbursable services to be provided.

25. Where can I find more resources and information about CHAP?

- IHS CHAP Site <https://www.ihs.gov/chap/>

- IHS Community Education <https://www.ihs.gov/chap/communityed/>

Recordings:

- * <https://ihs.cosocloud.com/px4i3z7buo55/>

- * <https://ihs.cosocloud.com/pb526qkw7vx0/>

- * <https://ihs.cosocloud.com/pdcq0io5mi0z/>

- * <https://ihs.cosocloud.com/p3c2z9psoa00/>

- CHAP Policy <https://www.ihs.gov/ihmcirculars/2020community-health-aide-program/>

- CHAP TAG Charter <https://www.ihs.gov/ihm/circulars/2018/community-health-aide-program-tribal-advisory-group-charter/>

Alaska CHAP Sites

- * <https://akchap.org/>

- * <https://www.anthc.org/>

- * [Northwest Portland CHAP Sites](#)

- * <https://www.npaihb.org/>

- * <https://www.tchpp.org/>

Certification Requirements:

To be certified as a BHA, students will need

BHA I	<ul style="list-style-type: none"> • 1,000 work experienced hours under the direct or indirect (as applicable) supervision of a licensed and or certified behavioral health clinical or behavioral health professional • 100 hours of clinical practicum
BHA II	<ul style="list-style-type: none"> • 1,000 work experienced hours under the direct or indirect (as applicable) supervision of a licensed and or certified behavioral health clinical or behavioral health professional • 100 hours of clinical practicum
BHA III	<ul style="list-style-type: none"> • 4,000 work experienced hours under the direct or indirect (as applicable) supervision of a licensed and or certified behavioral health clinical or behavioral health professional • 100 hours of clinical practicum
BHP	<ul style="list-style-type: none"> • 6,000 work experienced hours under the direct or indirect (as applicable) supervision of a licensed and or certified behavioral health clinical or behavioral health professional • 100 hours of clinical practicum

SPTHB would like to thank the Alaska Native Tribal Health Consortium and the Northwest Portland Area Indian Health for creating and sharing these resources that are supporting CHAP expansion.

1 Behavioral Health Aide I (BHA-I)

- Community Needs Assessment
- Screening
- Intake
- Referral
- Crisis Management
- Case Management
- Orientation to Services
- Life Skills Development
- Psycho education
- Individual & Group Interventions

3 Behavioral Health Aide III (BHA-III)

- BHA-I & II plus:
- Treatment Planning & Implementation for Co-Occurring Disorders
 - Child/Youth Services
 - Clinical Case Review
 - Quality Assurance Case Review

2 Behavioral Health Aide II (BHA-II)

- BHA-I plus:
- Substance Use Disorder (SUD) Assessment
 - SUD Diagnosis
 - SUD Treatment Planning
 - SUD Treatment Implementation
 - Community Readiness Assessment
 - Individual, Group, Family, Counseling

4 Behavioral Health Aide Practitioner

- BHA-I, II & III plus:
- BHA Mentoring
 - Child-Centered Interventions

Dental Health Aide Training Schedule

	Session I PDHA I	Session 2 PDHA II	Session 3 EFDHA I	Session 4 EFDHA II	DHAH	DHAT
Duration	80 hours	6 - 10 weeks	6 - 10 weeks	6 - 10 weeks	Enter a 3-year accredited dental hygiene education program or a CHAP Certified dental hygiene education program	Enter a 3-year academic year accredited dental therapy education program or a CHAP Certified dental therapy education program
Perceptorship Clinic Hours	80 hours	Under direct supervision - 200 hours	Under direct supervision of a dentist 6 months or 800 hours	Under direct supervision of a dentist 6 months or 800 hours	Enter a 3-year accredited dental hygiene education program or a CHAP Certified dental hygiene education program	Enter a 3-year academic year accredited dental therapy education program or a CHAP Certified dental therapy education program

SPTHB would like to thank the Alaska Native Tribal Health Consortium and the Northwest Portland Area Indian Health for creating and sharing these resources that are supporting CHAP expansion.

1 Primary Dental Health Aide I (PDHAI)

- Oral Health Educator for community
- No pre-requisites, maybe taught in high school

2 Primary Dental Health Aide II (PDHAI)

- PDHA - I Plus:
- Dental assisting
- Preventative Procedures

3 Expanded Function Dental Health Aide I (EFDHA - I)

- PDHA - II Plus:
- Places simple restorations

4 Expanded Function Dental Health Aide II (EFDHA - II)

- EFDHA - I Plus:
- Places complex restorations

5 Dental Health Aide Hygienist (DHAH) (DH)

- Dental Hygiene
- Local Anesthetic

6 Dental Health Aide Therapist (DH)

- Dental Exams
- Removes Decay
- Restores Teeth
- Extractions

Comparison to Medical Providers

	Physicians	Nurse Practitioners & Physician Associates	Community Health Aide Practitioners
Practices under their own license	Yes	Yes	No
Visit length	15-30 minutes	15-30 minutes	1 hour
Training in primary care, emergency medicine, women's health/prenatal care, elder care, pediatrics	Yes	Yes	Yes
Certifications requires continuing medical education	100 hours every 2 years	100 hours every 2 years	40 hours every 2 years
Take call	Yes	Yes	Yes
Work in clinic alone	Yes	Yes	Yes
Services can be billed with Medicare and Medicaid	Yes	Yes	Yes
Services can Be billed with third party insurance	Yes	Yes	Some
Administers vaccinations	Yes	Yes	Yes
Education	<ul style="list-style-type: none"> • HS Diploma • Bachelor's Degree • Medical Degree • Varying Residency • Certification/Board Exams 	<ul style="list-style-type: none"> • HS Diploma • Bachelor's, Master's, or Doctoral Degree • Varying Residency • Certification/Board Exams 	<ul style="list-style-type: none"> • HS Diploma • 6-8 Grade reading/math proficiency • 4 Training sessions pt visit # & type req't • 2 Weeks Preceptorship/Cert Exam
Medication privileges	Prescribes	Prescribes	Dispenses
Diagnostic skills	Makes Diagnoses	Makes Diagnoses	Makes Assessments
Performs sports physicals	Yes	Yes	No
Interprets complex labs, (cbc,cmp, Hga1, etc.)	Yes	Yes	No
Interprets basic labs (UA, pregnancy test, rapid strep or flu test, etc.)	Yes	Yes	Yes
Performs pap smears	Yes	Yes	After additional training with supervising physician

Comparison to Allied Health Professionals

	Medical Assistant	Nurse	Community Health Aide Practicioners
Takes vital signs	Yes	Yes	Yes
Pushes IV Meds	No	Yes	Yes
Places Urinary Catheters	No	Yes	Yes
Draws Blood	Yes	Yes	Yes
NG Tubes	No	Yes	No
Patient Education	Yes	Yes	Yes
Required Continuing Medical Education	No	Yes	Yes
Administers Vaccination	Yes	Yes	Yes
Interprets Simple Labs (UA, Pregnancy Test, Blood Sugar, etc.)	Some	Yes	Yes
Interprets Complex Labs (CBC, CMP, HgA1c, etc.)	No	Some	No
History Taking Skills	Basic	Nursing Model	Medical Model
Physical Exam Skills	Basic	Nursing Model	Medical Model
Diagnostic Skills	No	Nursing Model	Assessments
Education	<ul style="list-style-type: none"> • HS Diploma • One Semester Program 	<ul style="list-style-type: none"> • HS Diploma • AD, BS, MS Board Certification 	<ul style="list-style-type: none"> • HS Diploma • 6-8 grade reading/math proficiency • 4 training sessions 3-4 weeks each • Post session pt visit # & type req't • 2 week Preceptorship/Cert Exam

SPTHB would like to thank the Alaska Native Tribal Health Consortium and the Northwest Portland Area Indian Health for creating and sharing these resources that are supporting CHAP expansion.

Levels of Community Health Aide Providers (CHA/P)

Levels	Training, Field Hours, & Encounters	General Scope of Practice	Milestones
CHR	Quarter 1 • 100 + hours of education		
CHA I	Quarter 2 • 160 hours of didactic & skills • 100 hours of clinical time • 20 patient encounters • Future Learning Needs Assessment (FLNA) & Checklist (FLNC)	• Medical Histories • Physical Exams • Vital Signs • Basic specimen collection for labs	• Eligible for CHA II certification • CHA can take call independently • Can work alone in a clinic • May have consulting provider agreement in place to treat simple conditions without reporting to provider
CHA II	Quarter 3 • 160 hours of didactic & skills • 100 hours of clinical time • 60 patient encounters • FLNA & FLNC	• Medical Histories • Acute Care • Physical Exams • Medication Management • Wound Care • Adolescent Health • Sick Childcare	• Eligible for CHA II certification • CHA can take call independently • Can work alone in a clinic • May have consulting provider agreement in place to treat simple conditions without reporting to provider
CHA III	Quarter 4 • 160 hours of didactic & skills • 100 hours of clinical time • 60 patient encounters • FLNA & FLNC	• Medical Histories • Reproductive Health • Newborn Care • Family Planning • Prenatal Care • Well Childcare	• Eligible for CHA III certification
CHA IV	Quarter 5 • 160 hours of didactic & skills • 100 hours of clinical time • 60 patient encounters • FLNA & FLNC	• Medical Histories • Chronic Care of Major Systems • Clinical Management • Chronic Wound Care	• Eligible for CHA IV certification • Finished all didactic training
CHP	Preceptorship • 300 + hours supervised direct patient care • Preceptorship critical skills list • Testing	• Team Leadership • Mentorship and support to all CHA levels	• Eligible for Community Health Practitioner (CHP) Certification • Eligible for Community Health Aide related degrees by an accredited higher education institutions

Dental Health Aide (DHA) Core Curriculum

90 hours
18 hours of clinical/lab

- The role & scope of Community Health Aides (BHA/P, DHA/T, CHA/P)
- Medical ethics
- Professionalism, code of conduct, patient's rights, patient confidentiality
- Motivational interviewing
- Legal Issues: Malpractice, HIPAA
- Health & disease
- Infectious disease process
- Introduction to human anatomy
- Introduction to pharmacology

- Standard precautions
- Medical history taking
- Medical/dental abbreviations & terminology
- Patient record documentation
- Clinic management/scheduling
- Health care system access: Medicaid & 3rd party
- To be added:
- Trauma-informed Care: Indigenous Trauma Care
- Basic introduction to behavioral health

SPTHB would like to thank the Alaska Native Tribal Health Consortium and the Northwest Portland Area Indian Health for creating and sharing these resources that are supporting CHAP expansion.

COMPLIMENTARY PROGRAMS

**Community Health Representative
v. Community Health Aide**

Legislative Authority - CHAP is authorized under 25 USC § 1616 a-d while the CHR Program is authorized under IH CIA PL. 100-713.

Funding Sources - The Alaska CHAP is funded through the hospital and health clinics (H&HC) line item in the IHS budget and CHRs are funded through a specific CHR line item.

Scopes of Work - While the “community health” portion of the names are similar, the scope of work for a Community Health Aide and Community Health Representative are vastly different. CHAs are mid-level primary medical providers who can provide basic medical attention and can connect a patient to clinical care. CHRs provide case management, health screenings, health promotion, prevention, and outreach to community members.

**Community Health Representative vs
Community Health Aide**

CHR

- CHR's fill critically important roles to the health of their communities
- Health Screenings, Case Management, Care Coordination, Transportation, Patient Outreach, and education
- Longstanding presence in communities
- Trained from the community
- May include indigenous knowledge informed systems of care
- Experience navigating patients to care and services in that specific community
- Deep understanding of culture, community, and existing health care infrastructure

CHA

- Broad scope of practice, provides routine, preventative, and emergent care
- Sees patients independently and may practice as a primary care provider or specialty (OB, Vaccination, Elder care)
- Respects the knowledge and resources in the tribal community and grows providers from that source
- Intensive skills-based training with a total of up to 800 hours of training for a CHA/P level, minimum of 160 hours for CHA I
- Certification and continuing education is required
- Fosters a team approach to delivering health care services



Southern Plains Tribal Health Board
9705 Broadway Ext., Ste. 200 | Oklahoma City, OK 73114
(405) 652.9200 | www.spthb.org