

Community Health Team Plan Guidance

The Blueprint maintains descriptions of each of the Community Health Teams supported by Blueprint payers. For those Health Service Areas that created community health teams in the summer and fall of 2011 the initial approved plans fulfill this requirement. For the Health Service Areas that created community health teams prior to July 2011, the Blueprint may not have a written description of the CHT on file. Finally, as new practices become recognized by the NCQA and CHT funding levels increase, updates to the CHT description / plan are needed.

As CHT staffing and operations are based on locally planned needs and opportunities, the descriptions / plans reflect variability. In an effort to provide some guidance about the organization and key elements of CHT plans / descriptions the following outline and checklist of elements is offered. However, these are not meant to be prescriptive.

1. Draft Outline

a. Mission / Vision of the Administrative Entity

b. Planning for initial CHT Development and Expansion

- Description of the planning groups, participants, and needs assessment process to determine initial CHT staffing.

c. CHT Operations

- Staffing Table of the current core CHT staffing (credential, job title, filled/vacant)
- Organizational chart showing reporting lines and supervision of the CHT
- Description of the scope of services provided by the CHT
- Referral process to the CHT and allocation of CHT staffing resources to participating practices, and methods used to integrate the CHT in the participating practices
- Description of the extended and functional CHT participants

d. Expansion plans

1. Plan for practice recognition by NCQA (timing, practices, and anticipated CHT-funding levels)
2. Staffing Table of the planned core CHT staffing (credential, job title, filled/vacant)
3. Planned referral process to the CHT and allocation of CHT staffing resources to participating practices, and methods used to integrate the CHT in the participating practices

4. Data and Evaluation

- Use of Covisint DocSite Registry for panel management, and outreach
- QI initiatives undertaken by the CHT
- Use of the quantitative data about CHT activities

e. Attachments

- Job descriptions
- MOU with practices not owned by the administrative entity concerning CHT operations

Checklist

- The following check list is used by Blueprint Staff to evaluate the CHT plans. It references the pages in the Blueprint manual that describe the particular element.

Element	Location in Blueprint Implementation Manual
Information provided that plan was developed by Integrated Health Services (IHS) Work Group composed of various members	pp. 8-11 and 24-25
Lead organization (administrative entity) identified	pp. 10-11 and 25
Membership of IHS and HIT work groups identified	p. 12
CHT oversight identified	pp. 11 and 25
Current services in APCPs and surrounding community (or a plan to describe those services) outlined	pp. 10 and 24
Gaps in services in APCPs and surrounding community (or a plan to describe those services) outlined	pp. 10 and 24
Reorganization of current services and/or development of new services to meet needs of patients and providers outlined	pp. 10 and 24-25
Core CHT identified	pp. 10, 12 and 25
Functional CHT identified	pp. 10-12 and 25
Job descriptions provided for CHT members	pp. 12 and 25
Integration of CHT into APCPs described	pp. 11-12 and 25
Coordination of CHT across health services continuum described (e.g. – long-term care services, mental health/substance abuse services, integrated and complementary medicine services, economic and social services)	pp. 12 and 25
Evidence of formal partnerships between CHT administrative entity and APCPs (letters of support or MOUs)	pp. 12,13 and 25
Timeline for expansion to all willing PCPs by October 1, 2013	pp. 12 and 24-25

Data collection responsibilities outlined	pp. 6 and 24
Evaluation and reporting responsibilities outlined	pp. 6 and 24