

Workgroup Name: Vermont Blueprint for Health Workgroup for Payment for Expansion of Community Health Teams	Workgroup Leader: Jennifer Herwood
Meeting Goals: 1. Welcome & Update 2. Measurement and Evaluation Overview 3. Program Design Overview 4. Group Discussion and Input	Mtg. Facilitator: Jennifer Herwood Mtg. Recorder: Averiel Hossley Where: Virtual Meeting
	Conference Room: none
	Date: 5-24-2023 Time: 1:00pm-2:00pm

Attendees			
Name	Affiliation	Name	Affiliation
Jessa Barnard	Vermont Medical Society	Angela Comeau	Vermont Health Access
Tom Dougherty	Blueprint Program Manager	Michelle Farnsworth	Blueprint Program Manager
Michelle Gilmour	Blueprint Program Manager	Susan Ridzon	Health First
Denise Smith	Blueprint Program Manager	Hannah Ancel	Blueprint Program Manager
Amy Johnson	Northwestern Counseling and Support Services	Ryan Torres	QI Facilitator
Elizabeth Hunt	Timberlane Pediatrics		

Blueprint Central Office Attendees			
Dr. John Saroyan	Executive Director, Blueprint for Health	Mara Donohue	Assistant Director Blueprint for Health
Caleb Denton	Data Analytics and Info Administrator Blueprint for Health	Erin Just	Quality Improvement Facilitator Coordinator
Averiel Hossley	Administrative Assistant Blueprint for Health	Julie Parker	Assistant Director Blueprint for Health
Pat Jones	Interim Director of Health Care Reform	Laura Wreschnig	Health Services Researcher, AHS
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	Agenda Topic	Topic Facilitator	NOTES <i>(notes are provided in italics and blue)</i>	Action Items
I	Welcome & Update	Jennifer Herwood	<i>Update from the legislature: the BP expansion is part of the budget bill and has been passed by the House and Senate for two years of funding, currently awaiting the Governor's signature.</i>	
II	Measurement and Evaluation Overview	Erin Just	<i>Erin Just gave an update on the Measurement and Evaluation workgroup. They have looked at their evaluation framework, developing ten overarching questions, and digging into brainstorming feasible measures for the work that is occurring. The measures will be overviewed by the Central office team and sent out once approved.</i>	https://blueprintforhealth.vermont.gov/expansion-proposal-workgroups All Measurement and Evaluation Minutes available here
III	Program Design Overview	Julie Parker	<i>Julie Parker reviewed the screening discussions in the Program Design workgroup. Focusing on standardization for questions. Moving on to talking about the roles of the Community Health Team.</i>	https://blueprintforhealth.vermont.gov/expansion-proposal-workgroups All Program Design Minutes available here
IV	Group Discussion /Input	Jennifer Herwood	<p><i>We do not currently have final bill appropriations to determine the final funding we will be receiving.</i></p> <p><i>The slide deck from today's meeting is linked under Action Items.</i></p> <p><i>The funding will be allocated based on the number of Medicaid beneficiaries in a practice. This is similar to WHI and the Spokes. It will not preclude any individual from being served because of insurance.</i></p> <p><i>An unfinalized range for hiring is shown. These numbers are used to block out possible options for fund allocation. Estimated Composition includes Benefits.</i></p> <p><i>The composition of possible hires and existing staff to be considered was discussed, Jessa Barnard Inquired about Mental Health Nurse Practitioners and other nurses' eligibility for receiving Community Health Team Dollars</i></p> <p><i>There is an opportunity for pass-through funding for the practices to hire as they see fit.</i></p> <p><i>There will be a "floor and ceiling" determined by BP central office to regulate the allocation based on</i></p>	<p>https://blueprintforhealth.vermont.gov/sites/bfh/files/doc_library/PaymentWorkgroupS2.pdf Slide Deck available here.</p> <p>Two key studies provided the basis for these staffing level recommendations: STAR2 Center - Report - Staffing Mix and Ratios - 2017.pdf (chcworkforce.org) https://statics.teams.cdn.office.net/evergreen-</p>

		<p><i>Medicaid beneficiaries.</i></p> <p><i>Looking toward making services available from core CHT if immediate mental health and substance use coverage is not immediately available at the practice.</i></p> <p><i>“on the question of billing commercial - we have staff who are not 100% paid for by CHT \$, in which case it's our understanding they can bill and support their expense for service to non-Medicaid patients”</i></p> <ul style="list-style-type: none"> <i>- Yes. though that can be tricky to determine. But as long as that portion of any time they are "billing" can't be funded by CHT dollars</i> <p><i>Expansion Mental health and substance use disorder will be supplemental to CHT funding. It will be voluntary and associated with an attestation to be determined at a later date.</i></p> <p><i>There were concerns over coding and expectations for serving patients.</i></p> <p><i>More discussion of the functions of the Blueprint portal intended for a future date.</i></p>	<p>assets/safelinks/1/atp-safelinks.html</p> <p>0.25 FTE SW to 1.0 FTE provider, estimated average panel size from Vermont Medical Society, 2023, was 1960</p> <p>https://www.researchgate.net/publication/7444916_How_Many_Social_Workers_Are_Needed_in_Primary_Care_A_Patient-Based_Needs_Assessment_Example</p>
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