DRAFT

BLUEPRINT FOR HEALTH ACT 167 EXPANSION COMMUNITY HEALTH TEAM ATTESTATION

Blueprint for Health Central Office

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FEEDBACK FROM WORKGROUPS

We hear you:

- We have had numerous stakeholder meetings between work group sessions to hear input and concerns from stakeholders; we have to the best of our ability incorporated that feedback to try to support the success of practices lifting this program while remaining accountable to Vermonters, our Legislators, Agency of Human Services Strategic Priorities, and to build sufficient evidence to encourage program continuation/expansion past the pilot stage as warranted

Evaluation requirements are NOT pay for performance requirements:

- Our focus is on collecting information to evaluate the reach and impact of increasing CHT resources to practices and supporting educational and QI needs to provide MH, SUD, and SDOH services in the primary care setting. Funding is not tied to performance; focus is on the continuous quality improvement process, transparency/accountability, and becoming a learning health system.

ATTESTATION

By accepting funds under the Blueprint Expansion Pilot, the Practice agrees to:

- **Incorporate the Community Health Team member into the patient's care team** in support of expansion goals and strategies. CHT members will be embedded and integrated in the practice to the greatest extent possible for screening, assessment, intervention, and management of care interventions related to mental health, substance use, and social need. CHT members are not able to bill for these services.

STAFFING

- A ratio of Medicaid patients to additional staffing will determine how much FTE support the Patient-Centered Medical Home may receive.
- The funding will be used to hire a licensed or unlicensed Psychologist, Social worker, Community Health Worker or Counselor(s) as a member of the primary care team embedded in the practice.

PROGRAM MANAGER RESPONSIBILITIES

- The Blueprint Program Manager is responsible to report each quarter, prior to the fifteenth (15th) day of the first month of each calendar quarter (January, April, July, and October) in the Blueprint Portal:
  - Staffing
  - CHT Patient Counts
- Practices are required to send this information to the Blueprint Program manager by the first of each month January, April, July and October for timely reporting by the Blueprint Program Managers. Blueprint program managers also send Quarterly narrative to the Assistant Directors, and this should include summary about expansion work and staffing.

QUALITY IMPROVEMENT

- The Practice will engage with Quality Improvement Facilitator to
  - implement the pilot goals and strategies
  - conduct continuous quality improvement activities
  - and evaluate pilot processes and outcomes

- **The practice will meet no less than once a month with their assigned quality improvement facilitator in order to support implementation activities.**

- The practice agrees to execute a memorandum of understanding (MOU) or a business associate agreement (BAA) with the quality improvement facilitator for sharing protected health information as part of the evaluation process.

SCREENING TOOLS

- Social Determinants of Health Screenings or Narrative Patient and Family
- Developmental Screenings according to evidence-based guidelines
- Mental Health Screening
- Substance Use Disorder Screening (Including Tobacco)

EDUCATION PARTICIPATION

The practice will avail itself to educational opportunities offered by the Blueprint for Health related to mental health and substance use treatment in primary care settings as much as possible

YEAR ONE EVALUATION

By December 15th, 2023 we aim to evaluate and report:

- # FTEs and staffing types hired with expansion funding
- # Unique Patients Served by CHT
- Descriptive Episodes of CHT Care (chart review x5 per practice)
- Status of practice adoption and implementation
- Status of contracting for QI Facilitators, Trainers, and Evaluators
- Trainings offered/attendance #s
- Practice Engagement in Quality Improvement Process

EXPANDED COMMUNITY HEALTH TEAM PAYMENTS

Per member per month (PMPM) payments (amount yet to be determined) to administrative entities for hiring of expanded Community Health Teams staff as describe above. Administrative entities may establish memorandum of understandings with independent practices to receive pass through dollars to allow practices to hire for staff.

0-249	**Medicaid Patients**	**Centralized resource**
250-999	**Medicaid Patients**	0.5 Embedded staff
1,000-2,499	**Medicaid Patients**	1.0 Embedded staff
2,500+	**Medicaid Patients**	1.5 Embedded staff

FINAL RATIO TO BE DETERMINED

BLUEPRINT CENTRAL STAFF WILL SUPPORT PRACTICES WITH THE FOLLOWING:

- Training and learning events to support program implementation
- Payments to Administrative Entities consistent with Medicaid attributed members
- Assistance in supporting staff in each participating practice.
- Support with technical assistance needs of the practices.
- Quality Improvement Staffing and support
- Technical assistance calls

QUESTIONS?

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