Blueprint for Health Community Health Team Expansion Pilot: Frequently Asked Questions

What is the Blueprint for Health Community Health Team (CHT) Expansion Pilot?
Vermont is experiencing increased deaths from drug overdose and suicide and concerning levels and acuity of mental health and substance use disorders. In addition, there is a need to broaden screening for and address social determinants of health. The objective of this project is to ensure that screening, brief intervention, and navigation to services occurs across the entire population served by primary care practices in Vermont that participate in the Blueprint for Health (most primary care practices in the state).

What practices are eligible to receive expansion support?
Blueprint Patient-Centered Medical Homes (PCMH) with at least 50 attributed Medicaid Members are eligible to receive additional supports. PCMHs with between 50 and 250 attributed Medicaid Members will receive this support through a centralized resource in the Health Service Area (HSA). PCMHs with at least 250 attributed Medicaid Members are eligible to receive support in the form of embedded staff member(s) at levels commensurate with their Medicaid member attribution; these staffers may be hired by the practices utilizing pass-through funding or by the Blueprint Administrative Entities in their health service areas.

What do practices need to do to receive expansion staffing?
Blueprint Program Managers will meet with each practice to review eligibility. Practices will review an attestation document. If they would like to be a part of the expansion work, they will sign the attestation and return it to the Blueprint Program Manager. The Blueprint Program Manager will send this to the Blueprint Central Office for approval.

What are providers at PCMHs being asked to do as part of this pilot?
Delivering effective integrated care may require practices to make shifts in their culture, workflows, and clinical operations. Providers are asked to engage in team-based care that includes increasing mental health and substance use screenings and support for patients within the practice. Providers will also engage with Quality Improvement teams and training offered as part of the pilot. Practices will be expected to make any necessary shifts in culture, workflows, and clinical operations with support from QI facilitators, state-level Blueprint staff and trainings offered by the Blueprint.

Organized and streamlined procedures that place primary care Physicians, Community Health Team providers, outside referral specialists (e.g., designated agencies, support group leaders), and patients in frequent communication enhance whole-person, team-based, integrated care.

What screenings are practices asked to use to identify mental health, substance use, and social determinant of health needs?
This information is included in the practice attestation document.

How and when will payments be disbursed?
Administrative Entities will receive their first payments from Medicaid in August 2023, and will receive payments on a quarterly basis after that. It is then the responsibility of the Administrative Entities to determine whether to hire staff directly or pass through dollars to practices for the hiring of staff.

How is the amount given to each Health Service Area/Practice determined?
Payment amounts for each HSA are determined by the number of Medicaid members attributed to each practice within the HSA. Attribution levels will be held constant for the first year of the pilot and reassessed at the end of the first year. See the program manual for a detailed table of amounts and methodology.

How can the expansion funding be used?
The funding will be used to embed a master's prepared licensed or unlicensed Mental Health Counselor, Social Worker, Community Health Worker, Family Specialist, or Psychologist as a member of the primary care team. Funding will also be used to support the development of centralized staffing to serve smaller practices or practices that opt not to embed staff.

What is the difference between embedded and centralized staff?
Embedded Community Health Team members support an integrated model of mental health and substance use disorder care when primary care and mental health/substance use/social services are co-located within the same clinic space and share the overall care and treatment plan of the patient.

Centralized Community Health Team members support a coordinated model of integrated care, where primary care and mental health/substance use/social need specialists are housed in separate locations and identification of patient needs and communication is primarily provider driven.

If practices have multiple sites, how will staffing work?
Staffing modelling occurred at the practice (rather than organizational) level, with the intent of supporting as many practices to employ an embedded resource in the practice as possible. The Community Health Team member ideally is always available to the provider during the workday, whether that involves a warm hand off to transition care or quick consultations. Every Health Service Area and organization can discuss resource needs and creative solutions to staffing positions in each practice.

What types of interventions are the Community Health Team staff going to provide?
Community Health Teams will provide evidence-based mental health and substance use treatments appropriate to the primary care setting. They will also support screenings for social needs, provide education, and offer self-management support and strategies.

For individuals with complex needs, the CHT may play a greater role as a care coordinator and assist with managing transitions of care, co-management of care, and care consultations.

What data will be reported back to the Blueprint for Health?
This information is located on the attestation document. The evaluation of the first year of the pilot will focus primarily on understanding pilot adoption and implementation, and clinical processes and outcomes will primarily be analyzed via Quality Improvement Facilitator-led chart reviews at this stage.

What should I do if I believe that there is a major discrepancy between the Medicaid attributions used to calculate the funding and practice/organization data available about Medicaid members served?

If you are concerned about any discrepancies between the pilot payment methodology and other methods used to calculate practice/organization Medicaid caseload, please contact Jennifer.Herwood@vermont.gov.

How much flexibility does the Program Manager have in resource allocation for multi-site organizations?
If your anticipated staffing needs vary from recommended staffing levels for the practice provided by the Blueprint for Health Central office, please discuss this with the Executive Director.

If our practice/organization already funds mental health and substance use providers using our own operating funding, can we use these CHT expansion funds for sustaining those positions?
The intent of this pilot is to expand Community Health Team resources; as a result, funding should be used to increase Community Health Team staffing resources available to practices to address mental health, substance use, and social determinants needs for all patients. If a practice has existing mental health and substance use disorder treatment services, consider assessing what unmet mental health, substance use, and social needs exist in your practice population and if addition of another resource, such as a Community Health Worker, could allow for existing mental health and substance use providers to work to the top of their license and address those unmet needs. As a reminder, Community Health Teams providing these services cannot bill for services rendered.

Please contact your local Program Manager with any questions or considerations specific to your practice. Program Managers may discuss individual practice questions or considerations with the Executive Director.

Time bounded funding for positions and initiatives creates operational challenges for organizations and practices that implement these opportunities. How is the Blueprint for Health planning to address sustainability of this funding/resource?
The Blueprint for Health has advocated strongly with the Vermont Legislature for two years of funding to evaluate the efficacy of embedding CHT staff to address these needs in primary care practices, and the Legislature was responsive to that request. If the pilot is successful, it serves as the foundation for making these funds permanently available as part of the larger Community Health Team.

How do the added Community Health Team resources work with the existing Community Health Team staff, both in PCMHs and Spokes? Can I create a new position?
Added CHT team members will work closely with the existing teams in the practices. The BP QI facilitators can engage in the development of new and revised work flows to incorporate additional staff.

You may consider creating a new position, adding to an existing position, or discussing other opportunities for staffing with your Blueprint for Health Program Manager.

What type of funds are used for this pilot? Is it considered a grant?
This pilot is being funded using Global Commitment to Health (Global Commitment) funds. Global Commitment is the name of the agreement between the State of Vermont and the Centers for Medicare and Medicaid Services (CMS) that is used to administer the majority of Vermont's $1.9 billion Medicaid program. It is what is known as a Section 1115 Demonstration (often referred to as a "waiver") that waives certain provisions of Medicaid law to give states flexibility and encourage

state innovation in designing and improving state Medicaid programs, while remaining budget neutral to the Federal Government. These funds are not considered a grant.

What happens if I am not able to recruit staff for the posted positions?
We recognize that all of Vermont is currently contending with health care workforce shortages. We acknowledge that there are long-standing vacancies that various communities have struggled to fill. The Agency of Human Services Health Care Reform team is currently tasked with overseeing the Health Care Workforce Development Strategic Plan to address some of the system and long-term changes required.

The Blueprint for Health recommends tapping into known effective strategies and lessons learned across the nation for recruiting and retaining this workforce, which may include:

- Partnering with your local Designated Agency or neighboring Health Service Area(s)
- Exploring opportunities associated with telehealth
- Investing in training programs and career pathways
- Exploring licensing support and recruitment strategies

We ask that Program Managers remain in close communication with the Executive Director about any ongoing staffing vacancies.

How does the Expansion fit with the DULCE program?
Six existing DULCE sites will receive funding for their Family Specialist for two years as well as the amount of staffing resource they would achieve under the Expansion pilot. All other pediatric sites will engage in a pediatric model that will include elements that are modeled after DULCE but will not use the DULCE name because of very specific requirements associated with the program. Vermont Department of Health and state Blueprint staff will work directly with health service areas that have current DULCE sites to address questions, and with all health service areas to support development and implementation of a pediatric model. Universal screening and support across all pediatric practices are important goals of this CHT Expansion.

How should Expansion funding be tracked?
CHT Expansion funding should be tracked separately from other funding sources. Additional funding questions should be addressed to the Executive Director.