



Global Commitment Register

June 30, 2023

GCR 23-059
PROPOSED

Blueprint for Health Community Health Teams Expansion

Policy Summary:

The Vermont Medicaid program proposes to expand funding for the Blueprint for Health Community Health Teams to implement a two-year pilot program designed to improve access to mental health and substance use disorder services through increased integration with primary care. Vermont is experiencing increased deaths from drug overdose and suicide and concerning levels and acuity of mental health and substance use disorders. Additionally, there is a need to identify and address social determinants of health, particularly housing instability.

The objective of this pilot program is to ensure that services occur across the entire population served by primary care practices that participate in the Blueprint for Health, which includes the vast majority of primary care practices in Vermont.

Specifically, the pilot program will support primary care practices in providing the following services across all ages and insurance payers:

- Universal screening for mental health, substance use disorder, and social determinants of health,
- Brief intervention within the practices when there are positive screening results, and
- Navigation to additional community-based services when warranted.

The pilot program will use the Developmental Understanding and Legal Collaboration for Everyone (DULCE) team-based care model for pediatric sites statewide. The DULCE model will serve as the framework for screening and brief intervention for families with infants 0-6 months of age.

Patient-centered medical homes will receive staffing resources if they incorporate the Community Health Team member into the patient's care team. The funding may be used to hire psychologists, social workers, counselors, community health workers, or family specialists as members of the primary care team embedded in the practice. Community Health Team members are not able to separately bill for services that are included in this pilot program.

Vermont's Global Commitment to Health Section 1115 Demonstration waiver authorizes expenditures, within annual limits, for public health, health care, and health-related investments. This pilot program will include investment funding that will implement population health initiatives to increase transformation to value-based and integrated models of care.

Effective Date:

August 1, 2023

Authority/Legal Basis:

[Medicaid State Plan](#)

[Global Commitment to Health Waiver](#): Waiver authority #5 [Section 1902(a)(13), 1902(a)(30)];
Special Term and Condition #6.8.

Population Affected:

People receiving services from Community Health Teams, regardless of insurance status and payer.

Fiscal Impact:

The estimated gross budget impact for the two-year pilot program is \$14,221,446.

Public Comment Period:

June 30, 2023 – July 31, 2023

Send comments to:

Medicaid Policy Unit

280 State Drive, Center Building

Waterbury, VT 05671-1000

Or submit via e-mail to AHS.MedicaidPolicy@vermont.gov.

To be added to the GCR email list, send an email to AHS.MedicaidPolicy@vermont.gov.

Additional Information:

Further information about the Blueprint for Health can be found at blueprintforhealth.vermont.gov.

The new investment template can be found on the following pages.

ATTACHMENT S
New Investment Application Template

For each new investment, the state must submit the following information to CMS as described in STC 11.6.

Date	June 30, 2023
Investment Title	Expanded Funding for Vermont Blueprint for Health Community Health Teams
Estimated Amount	Total GC Dollars - \$14,221,466 Investment Dollars (Proportionate to Non-Medicaid Attribution, 65%) - \$9,541,509 Non-Investment Dollars (Proportionate to Medicaid Attribution, 35%) - \$4,679,957
Time Period	August 1, 2023 – June 30, 2025
Department	Vermont Agency of Human Services
Category	Implement initiatives to increase transformation to value-based and integrated models of care
Project Objective, Targeted Outcomes, and Impact to Health Equity	
<p>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; housing instability is a particular area of concern. 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). In terms of equity, the project will focus on people experiencing mental health disorder, substance use disorder, housing instability, and food insecurity. Targeted outcomes include staff hired with expansion funding, patients served, screening and services provided, patient experience of care, progress in adoption and implementation of the program, participation in trainings, and participation in quality improvement activities.</p>	
Project Description	
<p>This must include descriptions of specific terms associated with eligibility, benefits and services, and how the state intends to operationalize the program (e.g., population served, provider types, provider qualifications, methodology for incentive payments)</p>	
<p>Expanded funding for Vermont Blueprint for Health Community Health Teams (CHTs) would be used to implement a two-year pilot program to support primary care practices in providing the following services:</p> <ul style="list-style-type: none"> • Universal screening for mental health, substance use disorder, and social determinants of health, • Brief intervention within the practices when there are positive screening results, and • Navigation to additional community-based services when warranted. 	
<p>This pilot recommends taking a family-based approach to screening and brief intervention for social determinants of health and will use the Developmental Understanding and Legal Collaboration for Everyone (DULCE) model for pediatric sites statewide. The DULCE program is a team-based care model for screening and brief intervention for families with infants 0-6 months of age and is aimed at</p>	

supporting the health and wellbeing of families throughout Vermont in the pediatric medical home. DULCE will serve as the framework for building the co-occurring CHT model for families with young children.

The population served would be all patients within the primary care practice, regardless of insurance status and payer. The providers are primary care practices and their clinicians. The methodology is to provide additional payments to the CHT in each health service area to allow distribution of resources to primary care practices based on the number of Medicaid beneficiaries the practices serve. The amount of funding provided to the CHT is calculated according to the following table and description.

Attributed Medicaid Members in Each Practice = Estimated Monthly Payment Amount to CHT

0-59	\$0
60-249	\$1,540
250-899	\$3,090
900-2,499	\$6,180
2,500+	\$9,280

The CHT will receive quarterly payments that are the sum of the monthly payment amounts during the quarter for all practices within the CHT’s health service area.

There will also be Investment funding to support VDH program staff in the oversight of the DULCE model.

How does the state ensure there is no duplication of federal funding?

The Agency of Human Services operates under a Cost Allocation Plan (CAP) which is approved quarterly by HHS. The CAP ensures there is no duplication of funding because total expenses are allocated to the benefitting federal program.

Source of non-federal share

State general funds will be the source of the non-federal share.

How does the state ensure that the investment does not include any activities listed in STC 11.6 (Investment Approval Process)?

AHS staff have reviewed project descriptions to ensure that the investment does not include any activities listed in STC #11.5 and will monitor program expenditures to ensure continued compliance with this requirement.

The state assures that in reporting cost, the state and providers must adhere to 45 CFR §75 Uniform Administration Requirements, Cost Principles, and Audit Requirements for Health and Human Services (HHS) Awards and 42 CFR §413 Principles of Reasonable Cost Reimbursement. Pursuant to 45 CFR §75.302(a) the state must have proper fiscal control and accounting procedures in place to permit the tracing of funds to a level of expenditures adequate to establish that such funds have not been used in violation of applicable statutes. Costs must be supported by adequate source documentation.