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Pilot Prototypes for Alternative Systemic Approaches to Management of Chronic Pain  
Answers to Questions Received  
September 20, 2018

Received 9/12:

1) How many pilot programs does the State anticipate funding?

**Answer:** The Department of Vermont Health Access (DVHA) hopes to support at least three pilot programs, but the number depends in part on the number, quality and geographic diversity of the submissions.

2) Is the State seeking pilot programs in communities that meet a threshold in terms of size of population center?

**Answer:** DVHA does not have a population threshold in mind. Ultimately, we envision services being scaled to state-wide implementation including rural and more populated regions, if the pilots are successful.

3) Budget/financial guidance questions:

a. Understanding pilot models will vary significantly, is there any guidance in terms of anticipated total funding amount for target pilot size (25-100 patients)?

**Answer:** The funding for pilots is dependent on the array of services proposed.

b. Will pilot program funding be provided: 1) for staffing costs for assessment, clinic, and enhanced primary care components (for Medicaid non-billable staffing; where applicable), 2.) based on the bundled rate, or 3.) both

**Answer:** The payment methodology used will depend on the proposed services although likely involving a combination of existing fee for service billing and bundled rate(s). DVHA is open to testing bundled rate approaches, especially for services not currently supported by fee-for-service billing.

c. What is the State's preferred funding structure?

**Answer:** See above.

d. If the proposal is not requesting funds for staffing or for a bundled rate (one or the other) in any specific area, do those numbers still need to be submitted?

**Answer:** DVHA will track the total cost of care for patients served in the pilots. It will be helpful to minimally identify the services pilot patients are expected to receive related to pain management outside of the specific areas the proposal is seeking support for.

- e. Can funding requests mix and match funding structures (ie requesting funding for staffing for clinic and a bundled rate for enhanced primary care)?

**Answer:** Proposals must include the following elements (P. 2 of the RFP):

- Transdisciplinary Teams
- Enhanced Primary Care

Proposals may also include:

- Time Limited, Intensive Clinic-Based Services

- f. Does the State have guidance about what is “in” versus “out” of any bundled payment process?

**Answer:** Generally, DVHA would recommend bundled payments for those services not currently billable.

- g. Can the State confirm that bundled payment structures can be separate for the assessment, clinic services, and enhanced primary care?

**Answer:** Yes, DVHA can confirm that there can be separate bundled rates for: assessment services by a transdisciplinary care team; enhanced primary care services; and clinic services.

- h. Does the State have any advice on how to compensate for organizational overhead within these payment structures?

**Answer:** Please provide detailed description, rationale and cost information of organizational overhead expenses anticipated for pilot proposals.

- i. Does the State have guidance on how billing would be handled for inter-agency collaborations? Is there only one billing provider allowed per pilot project?

**Answer:** DVHA envisions a single billing organization for each pilot program which in turn may subcontract with other providers for services such as complimentary alternative modalities.

4) Number served questions:

- a. If working with a bundled rate, how will the State handle payment if the pilot exceeds 100 patients?

**Answer:** DVHA will not reimburse for bundled rates outside of an agreed upon number of patients in the pilot.

- b. If the pilot program utilizes a preliminary evaluation model to determine appropriateness of the transdisciplinary assessment, are patients who are deemed not appropriate for continuation with program counted in the target number?

**Answer:** It is difficult to determine without the proposal details, but generally DVHA would **not** count those members who only received a preliminary assessment towards the pilot cohort. DVHA is interested in learning about the criteria pilots develop for members deemed appropriate for transdisciplinary assessment services.

- c. Are patients counted in the target at the time of the transdisciplinary assessment, or is the target a total of all patients served in all phases (assessment, treatment, and enhanced primary care)? If the count is for patients being served in any point of service use, should programs “count” each patient’s participation only once, or at each point of service use (assessment, treatment, enhanced f/u)?

**Answer:** DVHA anticipates up to 100 patients being served in each pilot program. Attrition may result in fewer members receiving all the services proposed in a pilot program.

- 5) I would be interested in potentially submitting a grant proposal (RFP) for the pain management proposals. I am not sure that I have found the proper application but wasn't sure what format this RFP should be submitted in. Are we following NIH proposals or is it a different format? I recognize today is the last day for questions and the proposals are due in approximately two weeks.

**Answer:** Please submit in both Word and PDF formats. When creating the PDF, please ensure to combine all documentation (i.e. main document and all appendices, attachments, certificate of compliance, and price sheet sample) into a single file. We do not require a specific citation format. Details on content and format of the responses can be found in section 4 of the RFP.

- 6) I had a question for the pilot study. We offer yoga and MBSR (Mindfulness-based stress reduction) programming for agencies and hospitals as CAM. Is there an area or list for potential subcontractors to assist with the program for proposals?

**Answer:** Complementary alternative modality providers that are licensed can be researched at <http://ago.vermont.gov/2017-table-health-care-professionals-active-vermont-licenses/>. We encourage complementary alternative modality providers that are not subject to licensing to be listed on the Vermont Integrative Practitioner Network found at <https://cnhs.w3.uvm.edu/practitioners/>.

- 7) We could provide a proposal of the CAM services and patient plans but was unsure if this would be sufficient to meet the needs of the proposal on its own. Is that possible or does the bid seek all of the components together for the proposal?

**Answer:** Proposals must include the framework elements of Transdisciplinary Teams (for assessment, service plans, & consultation) and Enhanced Primary Care Services (integration of CAMs, psychological, and other services).

- 8) I'm wondering if there is any chronic pain management research (maybe from other countries) that focuses on an interdisciplinary team (with case managers, pcps, CAM, pharmacists, etc) that work with a certain level of chronic

pain to improve functioning (similar to our complex care management in VT with self- management supports) and then referral to interdisciplinary pain clinics for higher acuity medical pain?

I'm just thinking in a more global way about how we can incorporate what we are learning about how MH, SA, social determinants of health play a role in pain perception and then on a larger level how to refer and link to a specialty team which could do the same thing but for more medically based pain.

Kind of like SBNS for chronic pain...

Have you seen any research that looks at these kinds of teams and how they function, who leads them, etc? Don't know if I'm off base, but just getting curious.

This article is getting me thinking:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3578318/>

**Answer:** Some of the relevant articles from our literature review are included below:

-Multidisciplinary treatment for chronic pain: a systematic review of interventions and outcomes  
L. Scascighini V. Toma S. Dober-Spielmann H. Sprott, *Rheumatology*, Volume 47, Issue 5, 1 May 2008, Pages 670–678, <https://doi.org/10.1093/rheumatology/ken021>  
Published: 27 March 2008

- Interdisciplinary Chronic Pain Management: Past, Present, and Future  
Robert J. Gatchel Donald D. McGeary and Cindy A. McGeary  
Ben Lippe

<https://www.apa.org/pubs/journals/releases/amp-a0035514.pdf>

- **Focused review of interdisciplinary pain rehabilitation programs for chronic pain management.**

- *Curr Pain Headache Rep.* 2012 Apr;16(2):147-52. doi: 10.1007/s11916-012-0252-4. Stanos S1.