

# **VT-CPAP Practice Registration Agreement**

## **1.0 BACKGROUND**

1.1. The Vermont Child Psychiatry Access Program (“VT-CPAP”) is a telephone consultation service that supports primary care providers (PCPs) to address and treat pediatric mental health concerns within their practice.

1.2. VT-CPAP is funded by a Pediatric Mental Health Care Access (PMHCA) New Area Expansion grant from the American Rescue Plan Act through the Health Resources and Services Administration (HRSA) supporting an agreement between the Vermont Department of Mental Health and Community Health Centers of Burlington as host of the Vermont Child Psychiatry Access Program (“VT-CPAP”). The intent of the VT-CPAP program is to support primary care providers (PCPs) in Vermont who are managing patients with behavioral health problems so that those patients can continue to be treated within the practice. This patient group includes children, adolescents and young adults through age 21.

## **2.0 WHAT WE DO**

2.1. VT-CPAP psychiatrists support primary care providers through telephone consultations to answer questions related to diagnosis, medication management, and psychotherapy recommendations. VT-CPAP providers are available by phone Monday through Friday from 9am to 3pm, excluding holidays.

2.2. The VT-CPAP team works closely with local Community Mental Health (CMH) organizations in each practice’s catchment area. A Liaison Coordinator (LC) will assist practices by triaging the referral for consultation, responding to any questions that are within the scope of his/her expertise, and forwarding appropriate cases to the VT-CPAP psychiatrist for same or next-day phone consultation.

2.3. When a provider requests a consult, the LC will be the initial responder. The LC will collect basic information and will respond to any questions that are within his/her scope of expertise. If a psychiatrist is the most appropriate person to respond to the consultation request, the call will be referred to the psychiatrist on call who will respond the same day or within 24 hours if the request is made later in the day.

2.4. These telephone “curbside consultations” do not create a physician-patient relationship between the psychiatrist and the patient. However, it is requested that the provider inform the patient and/or caretaker that he/she will be discussing their situation with a VT-CPAP psychiatrist. The psychiatrist will respond to queries using language such as “in cases like this” or similar general language. Information about the call (nature of question, patient disposition, etc.) will be maintained by the LC and psychiatrist for evaluation purposes, and in case the provider calls back about the same patient. VT-CPAP will not maintain an independent electronic medical record, so all documentation related to patient care should be contained within the provider’s medical record

2.5 The LC will provide linkage to community resources for patients and families for those primary care clinics that currently lack an embedded social worker.

2.6. For complex cases where the provider and consulting psychiatrist agree that a more in-depth evaluation is recommended, the LC may facilitate a tele-psychiatry consultation for the patient/family as long as their insurance is active.

2.7. The VT-CPAP psychiatrist will offer timely, educational phone consultations to the provider for medication and dosing questions, diagnostic dilemmas and general patient management questions.

### **3.0 WHAT WE DO NOT DO**

3.1. VT-CPAP is not an emergency/referral service - emergency consultations over the phone or in person are not provided. If a provider calls about a case requiring an emergency intervention, the LC will refer the patient to the most appropriate local emergency service.

3.2. VT-CPAP psychiatrists do not provide ongoing treatment or prescribe medication for patients, but rather provide education and guidance to providers concerning medication and treatment options. For those cases beyond the scope of the provider's practice, the LC will provide recommendations for specialty level resources locally as available.

### **4.0 RESOURCES WE OFFER**

4.1 The VT-CPAP program will maintain a website that offers educational material on treating behavioral health issues. Participating providers will be directed to this website as an additional educational resource.

4.2. As part of the program, participating providers may be asked to complete surveys to evaluate the program's effectiveness in increasing provider confidence and competence in treating behavioral health issues in their patients, as well as patient outcomes and ongoing needs. If a provider fails to comply with the terms of the program, or is practicing according to what are deemed to be unsafe practices or practices contrary to VT-CPAP recommendations or the patient's best interests, that provider will be asked to leave the program.

## VT-CPAP Practice Registration Form

### By registering for the VT-CPAP program:

- We have read and agree to the terms and conditions outlined in the VT-CPAP Practice Agreement Form which was provided to us on \_\_\_\_\_, and the terms of which are expressly incorporated herein by reference.
- We agree to participate in the Vermont Child Psychiatry Access Project
- We agree to inform patients that we may engage the VT-CPAP program on their behalf and will share health information with the program unless the patient declines the VT-CPAP services.
- We agree to, when possible, participate in VT-CPAP consultation, training, and educational opportunities.
- We agree to complete periodic surveys.
- We agree to continue to manage behavioral health care of our patients, including appropriate referrals, following consultation with the VT-CPAP Team.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

### Practice Information

Practice Name:

Address:

Phone & Fax:

Additional Practices (if applicable):

- Practice Site 2 Name & Address:

\_\_\_\_\_

- Practice Site 3 Name & Address:

\_\_\_\_\_

Type of Practice (select all that apply holding ctrl button)?

**For question 1-4 please identify affiliated person in Title box of table below**

1. Does this practice have a Medical Director/Physician Leader? Yes/No
2. Does the practice have a Practice Manager? Yes/No
3. Care Coordinator/Social Worker on Site? Yes / No
4. Does the practice have embedded behavioral clinician (therapist, psychologist, LCMHC, etc.)? Yes/No

<b>VT-CPAP Provider Information Sheet</b>					
<b>Provider Name</b>	<b>Credentials</b>	<b>Title</b>	<b>FTE/hours worked</b>	<b>Email</b>	<b>Practice Site</b>

**Please send this completed and signed document to the VT-CPAP by fax (802-540-6848) or email at [vtcpap@vtcpap.com](mailto:vtcpap@vtcpap.com). Alternately, if you would like an invitation to register directly in our Trayt software platform please email [vtcpap@vtcpap.com](mailto:vtcpap@vtcpap.com).**