

**Vermont Health Care Innovation Project  
Year 2 DLSS Work Group Workplan  
3/6/2015, Finalized 5/7/15**



	Objectives	Supporting Activities	Target Date	Responsible Parties	Endorsements/ Dependencies	Approving Entities	Status of Activity	Measures of Success
<b>Quality and Performance</b>								
1	Provide input on various measure sets related to SIM and other relevant activities.	When requested by QPM Work Group, recommend Year 3 DLSS Quality and Performance Measures for Medicaid and Commercial ACO SSPs.	Q1-Q2 2015	Work group members; co-chairs; staff; consultant.	Recommend Year 3 DLSS measures for Medicaid and Commercial ACO SSPs when requested (QPM Work Group).	QPM Work Group		<ul style="list-style-type: none"> <li>Input provided to QPM Work Group.</li> <li>VHCIP and AHS measures support optimal quality and performance measurement for DLSS populations and providers.</li> </ul>
2		Following sub-group presentation on possible approaches, recommend a process and methodology for the DLSS sub-analyses of Year 1 Medicaid and Commercial ACO SSP quality and performance measures.	April-May 2015	Work group members; co-chairs; staff; consultant; DVHA staff.	Endorse (QPM Work Group).	DVHA	<ul style="list-style-type: none"> <li>Sub-group to be created in March/April 2015.</li> </ul>	
3		When requested, provide input to QPM Work Group on Year 2 SSP and Year 3 recommendations.	TBD	Staff; co-chairs; work group members; consultant.	Draft measures and request input (QPM Work Group).	QPM Work Group		
4		When requested, provide input to QPM Work Group on measures for Episode of Care reforms.	TBD	Staff; co-chairs; work group members; consultant.	Draft measures and request input (QPM Work Group).	QPM Work Group		
5		When requested, provide input to QPM Work Group on measures for Pay-for-Performance reforms.	TBD	Staff; co-chairs; work group members; consultant.	Draft measures and request input (QPM Work Group).	QPM Work Group		
6		Provide input to AHS Performance Accountability Committee (PAC) on PAC's newly developed DLSS-specific performance measures for Consolidated Global Commitment Waiver beneficiaries, as part of the public comment process.	Q3 2015	Staff; co-chairs; work group members; consultant; AHS/SIM staff.	N/A	N/A		
7		Research and discuss the emerging body of HCBS quality and performance measures to be prepared to provide input for VHCIP payment reform efforts.	Q2-Q4 2015	Staff; co-chairs; work group members; consultants; SIM and GMCB staff.	N/A	N/A		
<b>Care Models &amp; Care Management</b>								
8	Provide input regarding VHCIP care models and care management structures.	Develop brief descriptive documents (to include definition, goals, and indicators) for DLSS Work Group endorsement on each of the following: Cultural Competency, Disability Competency, Accessibility, and Universal Design. (For Model of Care Best Practices, see Slide 15 of DLSS Model of Care.)	Q2 2015	Work group members; co-chairs; staff; consultant.	Develop documents to guide care models (CMCM Work Group).	N/A		<ul style="list-style-type: none"> <li>Input provided to CMCM Work Group.</li> <li>DLSS populations and providers are represented in care models and care management structures.</li> </ul>
9		Continue Provider Training discussion and gather input for provider training initiative (team-based care, grand rounds, involvement of beneficiaries and their families, etc.).	Q2 2015	Work group members; co-chairs; staff; consultant; CMCM Work Group.	Collaborate with relevant stakeholders to continue Provider Training discussion (Providers; CMCM Work Group, or care management learning collaborative planning group and participants).	N/A		
10		Develop DLSS-specific Core Competency Domains for service providers participating in the Integrated Communities Care Management Learning Collaborative.	Q2 2015	Work group members; co-chairs; staff; consultant; CMCM and Workforce Work Group members.	N/A	CMCM Work Group (with input from Learning Collaborative planning group) and Workforce Work Group	<ul style="list-style-type: none"> <li>Initial planning meetings held with DLSS, Workforce, and CMCM work group staff.</li> <li>Draft domains developed, need to be further refined.</li> </ul>	

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11		Recommend care management best practices to CMCM Work Group.	Ongoing	Work group members; co-chairs; staff; consultant; CMCM Work Group.	N/A	CMCM Work Group		
<b>Payment Models</b>								
12	Review current and planned payment methodologies and, as appropriate, recommend payment methodologies to encourage integration between DLTSS, acute care, and population health.	Review possible new payment models that reimburse for DLTSS-specific population outcomes. Make recommendations regarding implementation, as appropriate.	Q3-Q4 2015	Work group members; co-chairs; staff; consultant; Payment Models Work Group members.	N/A	Payment Models Work Group	May request CMMI TA on this topic.	Current and planned payment methodologies reviewed, and recommendations provided as appropriate.
13		Recommend payment methodologies that incentivize providers to bridge the service delivery gap between acute/medical care and long-term services and supports.	Q3-Q4 2015	Work group members; co-chairs; staff; consultant; Payment Models Work Group members.				
14		Continue collaboration with Population Health Work Group to develop policy, plans, and strategies to create a viable financial model that supports the broader goals of population health.	Ongoing 2015	Work group members; co-chairs; staff; consultant; Payment Models and Population Health Work Group members.	Collaborate to develop policy, plans, and strategies to create viable financial model to support population health goals (Population Health and Payment Models Work Groups).	N/A		
15		Collaborate with Payment Models Work Group on Nursing Home Initiatives, including Bundled Payments for Care Improvement (BPCI) Initiative.	Q1 and Q2 2015	Work group members; co-chairs; staff; consultant; Payment Models Work Group members.	Collaborate to develop Nursing Home Initiatives (AHS, DAIL).			
16	Provide recommendations to address payment issues and barriers relevant to DLTSS populations and providers.	Develop DLTSS recommendations regarding inclusion of Non-Core Service Expenditures for Year 3 Medicaid SSP total cost of care expansion.	August-September 2015	Work group members; co-chairs; staff; consultant; DLTSS providers; AHS Departments; ACOs.	Collaborate to develop recommendations regarding Non-Care Service Expenditures (Payment Models Work Group; AHS, AHS Departments); and to identify barriers and make recommendations for solutions to Medicare, Medicaid, and commercial coverage and payment policies (Payment Models Work Group; AHS, AHS Departments; CMS).	N/A		Recommendations provided to Payment Models Work Group, AHS, AHS Departments, and others.
17		Identify barriers and develop strategies to address them in Medicare, Medicaid, and commercial coverage and payment policies for people needing DLTSS services (e.g., DME approval process and coverage; curative and hospice benefits; commercial coverage for attendant care; coverage of medical and mental health services in nursing homes to reduce hospital admissions and improve outcomes). Make recommendations for implementation.	Q2-Q3 2015	Work group members; co-chairs; staff; consultant.				
<b>Health Information Exchange &amp; Health Information Technology</b>								
18	Provide recommendations on technical and IT needs to support new payment and care models that meet the needs of DLTSS populations and providers.	Recommend technical and IT needs to support: new payment and care models for integrated care, quality and performance measures, beneficiary portals, and accessibility and universal design in collaboration with HIE/HIT and Payment Models Work Groups.	Q2-Q4 2015	Work group members; co-chairs; staff; consultant; HIE/HIT and Payment Models Work Groups.	Collaborate to identify technical and IT needs (HIE/HIT Work Group).	N/A		Recommendations provided to HIE/HIT and Payment Models Work Groups.
19	Provide recommendations on informed consent and confidentiality	Discuss a) Informed Consent and general confidentiality issues and b) Federal rules contained in 42 CFR Part 2 Confidentiality Protections and make recommendations to HIE/HIT Work Group.	Q3 2015	Work group members; co-chairs; staff; consultant; HIE/HIT Work Group, VITL.	Collaborate to discuss informed consent and confidentiality (HIE/HIT Work Group).	N/A		Recommendations provided to HIE/HIT Work Group.

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	issues, including 42 CFR Part 2.							
20	Support other HIE/HIT Work Group activities related to DLSS providers and populations.	Work with HIE/HIT Work Group to perform data quality workflow analysis of DLSS Providers (ACTT DLSS Data Quality project).	February 2015 and ongoing	Staff; consultant; work group members; contractors; co-chairs.	Coordinate on DA/SSA data quality project (HIE/HIT Work Group; DLSS providers; VITL).	HIE/HIT Work Group	• In progress.	HIE/HIT Work Group activities related to DLSS providers and populations are informed by DLSS Work Group members and staff.
21		Work with HIE/HIT Work Group to perform a data quality technical assessment of DLSS Providers (ACTT DLSS Data Quality project).	February 2015 and ongoing	Staff; consultant; work group members; contractors; co-chairs.	Coordinate on DA/SSA data quality project (HIE/HIT Work Group; DLSS providers; VITL).	HIE/HIT Work Group	• In progress.	
22		Work with HIE/HIT Work Group to perform a technical assessment of DLSS Providers to prepare for possible EHR adoption, where appropriate, in the future (ACTT DLSS Data Quality project).	February 2015 and ongoing	Staff; consultant; work group members; contractors; co-chairs.	Coordinate on ACTT DLSS project (HIE/HIT Work Group; DAIL; DLSS providers; VITL).	HIE/HIT Work Group	• In progress.	
23		Collaborate with HIE/HIT Work Group on the planning, development and implementation of a Uniform Transfer Protocol (UTP).	February 2015 and ongoing	Staff; consultant; work group members; contractors; co-chairs.	Coordinate on ACTT DLSS UTP project (HIE/HIT Work Group; DAIL; DLSS providers; VITL).	HIE/HIT Work Group	• In progress.	
<b>Ongoing Updates, Education, &amp; Collaboration</b>								
24	Review and approve updated DLSS Work Group Workplan.	Draft Workplan.	February-March 2015	Staff, co-chairs; consultant; work group members.	N/A	N/A		Updated workplan adopted.
25	Coordinate and collaborate with other VHCIP Work Groups on activities of interest.	Identify activities of interest and establish mechanisms for regular coordination and communication with other work groups.	Ongoing	Staff; co-chairs; work group members; other work groups; consultant.	Coordinate to identify activities of interest and establish regular communication (Other VHCIP Work Groups).			Well-coordinated and aligned activities among work groups.
26		Ensure DLSS principles (person-centered, disability-related, person-directed, cultural competency) are incorporated into VHCIP Work Group activities. Provide information to VHCIP Work Groups on DLSS populations and the service system as needed to inform achievements of their Work Group goals and activities.	Ongoing	Staff; consultant; co-chairs; work group members; other VHCIP Work Groups.				
27		Obtain information and updates on VHCIP Provider Grants and their relationship to the DLSS Work Group.	Quarterly	Staff; co-chairs; work group members; sub-grantees; consultant.	Obtain regular updates on relevant sub-grantee projects (Sub-Grantees).	N/A		
28		Receive presentation from Washington County Mental Health Services and other Washington County providers.	Q1 2015	Staff; co-chairs; work group members; consultant.		N/A	Presentation received in February 2015.	
29		Obtain regular updates on Integrated Communities Care Management Learning Collaborative.	Quarterly, starting Q2 2015	Staff; co-chairs; work group members; consultant; CMCM Work Group.	Obtain regular updates on Learning Collaborative (CMCM Work Group).	N/A		
30		Obtain updates on Payment Models Work Group activities.	March and July 2015	Staff; co-chairs; work group members; consultant; Payment Models Work Group.	Obtain regular updates on Payment Models Work Group activities (Payment Models Work Group).	N/A		
31		Receive presentations on current and possible future use of flexible funds within Medicaid to prevent unnecessary hospitalizations, ER visits, and nursing home admissions, and to promote appropriate use of medications, as well as funding other social safety net services.	Q3 and Q4 2015	Work group members; co-chairs; staff; consultant; AHS and DVHA staff.	Receive presentations on use of flexible Medicaid funds (AHS and DVHA staff).	N/A	May request CMMI TA on this topic.	
32		Provide input to Population Health Work Group on activities		Staff; co-chairs; work group				

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33		<p>related to DLTSS providers and populations.</p> <ul style="list-style-type: none"> <li>Review draft Population Health Plan outline developed by Population Health Work Group.</li> <li>Receive presentation on “population health” definition and Population Health 101 materials developed by Population Health Work Group.</li> <li>Collaborate with CMCM, Population Health, and Payment Models Work Groups to create materials that show connection between social determinants, population health, and clinical measures.</li> <li>Provide input to Population Health Work Group as the group develops recommendations for the Payment Models Work Group on potential links between prevention financing and payment models being tested.</li> </ul>	Q3 2015	members; consultant; Population Health Work Group.	<ul style="list-style-type: none"> <li>Receive PHP outline (Population Health Work Group).</li> <li>Receive definition and materials (Population Health Work Group).</li> <li>Collaborate to identify existing care models (Population Health Work Group; Blueprint).</li> <li>Receive draft prevention financing recommendations (Payment Models and Population Health Work Groups).</li> </ul>			
34			Q4 2014					
35			Q1 2015					
36			Q2 and Q3 2015					
36		Gather input on building workforce capacity; obtain update from Workforce Work Group and Workforce Sub-Committee on Long-Term Care.	Q2 2015	Staff; co-chairs; work group members; Workforce Work Group.	Obtain update on Workforce Work Group and Sub-Committee activities (Workforce Work Group).	N/A		
37		Obtain regular updates on the ACTT Project.	Monthly, starting Q1 2015	Work group members; co-chairs; staff; consultant; HIE/HIT Work Group.	Obtain regular updates on the ACTT Project (HIE/HIT Work Group).	N/A		
38		Coordinate with, update, and receive education from VHCIP Core Team, Steering Committee, other VHCIP leadership and stakeholders, and AHS Departments as appropriate.	Overall VHCIP project status updates.	Ongoing	Staff; co-chairs; work group members; consultant; VHCIP leadership.	N/A	N/A	
39	Update Steering Committee, Core Team, and other VHCIP groups and stakeholders as appropriate.		Ongoing	Staff; co-chairs; work group members; consultant; VHCIP leadership	N/A	N/A		
40	Present Medicaid Expenditure Analysis to Steering Committee and Core Team.		March 2015	Staff; consultants.	Steering Committee and Core Team	N/A		
41	Receive in-depth presentation on Global Commitment (GC) Waiver consolidation.		March 2015	Staff; co-chairs; work group members; consultant; AHS staff.	Receive presentation on GC Waiver Consolidation (AHS).	N/A	<ul style="list-style-type: none"> <li>Presentation scheduled for March 2015.</li> </ul>	
42	Receive presentation on AHS surveys (DMH and DVHA).		Q1 2015	Staff; co-chairs; work group members; consultant; DVHA and DMH staff.	Receive presentation on DMH and DVHA surveys (DMH; DVHA).	N/A	<ul style="list-style-type: none"> <li>DMH presentation occurred in January 2015.</li> </ul>	
43	Receive presentation on DAIL’s plan and process for addressing CMS’s new HCBS Waiver Regulations and opportunities for Stakeholder input through the rule-making public comment process.		Q2 2015	Staff; co-chairs; work group members; DAIL staff.	Receive presentation from AHS/DAIL.	N/A	<ul style="list-style-type: none"> <li>DAIL presentation to occur in May 2015</li> </ul>	