



***VT Health Care Innovation Project
DLTSS Work Group Meeting Minutes***

Pending Work Group Approval

Date of meeting: Thursday, October 9, 2014, 10am – 12:30 pm, DVHA Large Conference Room, 312 Hurricane Lane, Williston, VT

Agenda Item	Discussion	Next Steps
1 Welcome; Introductions; Approval of Minutes	Deborah Lisi-Baker began the meeting and asked to approve the July 24 th and September 11 th meeting minutes. Georgia Maheras determined there were an insufficient number of participants for a quorum so a vote was not taken. The group will approve the July, September and October minutes at the November meeting.	
2 DAIL - Developmental Disabilities Services: Participation in the National Core Indicators Project	June Bascom, DAIL, gave a brief overview of the DS system and a history of DS surveys. There are 10 Designated Agencies and 5 Specialized Service Agencies who are responsible for Developmental Disability Services for approximately 3,000 Vermonters. The goal of surveys is to obtain demographic data as well as collect information on consumer satisfaction. Surveys are anonymous and performed by independent contractors on a random sample of Developmental Services Waiver participants receiving home and community-based services. The National Core Indicators (Attachment 2) have recently been adopted by DAIL and are supported by the US Department of Health and Human Services Administration for Community Living (ACL). This survey measures quality of services and outcomes and can be used to inform decisions on programmatic funding. The Core Indicators address how well the public system aids adults with developmental disabilities to work, participate in their communities, have friends and sustain relationships, and exercise choice and self-determination; these indicators also measure how satisfied people are with their services and supports.	

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<p>3 DLTSS-Specific Core Competency Domains for Health Care Service Providers</p>	<p>Pat Jones gave an overview of the “Integrated Community Care Management” Learning Collaborative, a 1-year initiative to improve integration of care management activities for at-risk people and provide learning opportunities for best practices for care management in at least 3 pilot communities. Pat explained there are two tracts: one for plans of care, transitions of care and test results; and the other to provide core competency training for care managers. The DLTSS Core Competency Domains document (Attachment 3) lists a variety of domains in which disability competencies can be reflected. Pat said there was not time to train care managers in all of these domains; however, they can be built on in the future. The intent is to train care managers to integrate services across providers and disciplines. The Learning Collaborative will develop a model for best practices and utilize it for the broader provider network. The DLTSS Model of Care will be drawn upon as a resource in this effort. The group recommended the following additions to the list of ten DLTSS-Specific Core Competency Domains:</p> <ul style="list-style-type: none"> • Disability Awareness Training • Understanding multiple challenges for an individual • Misdirected “kindness” (“I know what’s best for you” attitude) • Attention to a person’s day-to-day health needs <p>Sam Liss pointed out the distinction between “person-centered” which can take a variety of forms and “person-driven”. He felt the latter was the preferable approach. The objective of the Learning Collaborative is to broaden the network of support beyond what we think of as traditional medical services. Sam stated that the GMCB has agreed to hear a presentation on the social determinants of health (employment, education, and housing). Dale Hackett wondered if a social poverty index would be helpful. Others mentioned the need for a commitment to have team members working across settings in an integrated care coordination team-based approach.</p>	

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<p>4 ACTT Project Update</p>	<p>Brendan Hogan gave an update on the ACTT Partnership’s three projects:</p> <p>1) <u>DA/SSA Data Quality and Repository</u>: Work with VITL to enable ARIS to procure a unified electronic health record for five Specialized Service Agencies. Improve the quality of data going into the existing systems and standardize it. Design and build a data repository to enable system-wide efficiencies, quality improvement, data analysis and connectivity to the VHIE. Work on an effort to share information for enhanced care coordination purposes while honoring the federal requirement under 42 CFR Part 2 which limits sharing of information pertaining to mental health and substance abuse services.</p> <p>2) <u>DLTSS Data Planning Project</u>: Part 1 of project 2 - Review a short list of DLTSS measures that may require sharing of information electronically to determine the feasibility of sharing this information with Medicaid ACOs in the future. Part 2 of project 2 Follow up on technology assessments that had previously been conducted for Home Health Agencies, Nursing Homes and Designated agencies. The technology assessments will inform the state of current IT systems used by other DLTSS provider groups including; Area Agencies on Aging, Adult Day Centers, Vermont Center for Independent Living and Residential Care Homes. The purpose of the review is to get a baseline of information that can help inform the feasibility of and potential future funding needed for connecting data between DLTSS systems with medical providers through systems managed by Vermont Information Technology Leaders, VITL.</p> <p>3) <u>Universal Transfer Protocol Process</u>: The objective of the UTP project is to enable the exchange of essential information between long-term support service (LTSS) providers, patients and their immediate caregiver, and other health care service providers. This project will develop an initial set of standardized data elements for exchange between providers and receivers of services as well as a method for continuously refining and enlarging that data set. The contractor will conduct a series of focused interviews starting with the Aging and Disabilities Resource Connections ADRC transitions of care pilot in Bennington. The contractor will take the information learned from the ADRC pilot and conduct additional focused interviews in another region of the state. The contractor will conclude the work with a comprehensive report which will include the results of the qualitative review process and information from best practices from other states.</p>	

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5 Update on SIM Operations Plan as it relates to the DLTSS Work Plan	<p>Updates on the SIM Operational Plan for Year 2 as they relate to the DLTSS Work Plan will be forthcoming once the Operational Plan has been finalized and submitted to CMMI. The DLTSS Co-Chairs would like to hear from Work Group participants on any new Work Plan initiatives for next year.</p>	
6 Public Comment Updates/Next Steps	<p>The next meeting was to be held on November 6th but has been moved to Friday November 21st 1:00 – 3:00 pm in the DVHA Large Conference Room, 312 Hurricane Lane, Williston.</p>	